

EXHIBIT F

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

BENAH DAM HURT,)	
)	
Plaintiff,)	
)	
-vs-)	No. 17-cv-7909
)	
HASINA JAVED, FAIZA KAREEMI,)	
COLLEEN DELANEY, DIANA HOGAN and)	
DREW BECK,)	
)	
Defendants.)	
<hr/>		
MARK OWENS,)	
)	
Plaintiff,)	
)	
-vs-)	No. 18-cv-0334
)	
HASINA JAVED,)	
)	
Defendant.)	

The deposition of DIANA HOGAN, taken pursuant to the Federal Rules of Civil Procedure of the United States District Courts pertaining to the taking of depositions, taken before LISA A. KOTRBA, Certified Shorthand Reporter of the State of Illinois, taken remotely via Zoom in Illinois, on Wednesday, May 25, 2022, at 2:00 p.m.

1 APPEARANCES:

2 KRETCHMAR & CECALA, PC
3 BY: MR. JOSEPH JOHN CECALA
4 18 South Northwest Highway
5 Suite 200
6 Park Ridge, Illinois 60068
7 (312) 235-6752
8 joe@kretchmarcecalalaw.com

9 on behalf of the Plaintiffs;

10 KRETCHMAR & CECALA, PC
11 BY: MR. S. RANDOLPH KRETCHMAR
12 1170 Michigan Avenue
13 Wilmette, Illinois 60091
14 (847) 370-5410
15 srandolphk@gmail.com

16 on behalf of the Plaintiffs;

17 KWAME RAOUL, ATTORNEY GENERAL
18 OF THE STATE OF ILLINOIS
19 BY: MS. MARY JOHNSTON
20 100 West Randolph Street
21 13th Floor
22 Chicago, Illinois 60601
23 (312) 814-3739
24 mary.johnston@ilag.gov

on behalf of the Defendants Hasina Javed, Faiza
Kareemi, Colleen Delaney and Diana Hogan in
Case No. 17-cv-7909 and Defendant, Dr. Hasina Javed
in Case No. 18-cv-0334;

1 APPEARANCES (Continued):

2 KWAME RAOUL, ATTORNEY GENERAL
3 OF THE STATE OF ILLINOIS
4 BY: MS. AMANDA L. KOZAR
5 100 West Randolph Street
6 13th Floor
7 Chicago, Illinois 60601
8 (312) 814-6534
9 amanda.kozar@ilag.gov

10 on behalf of Defendant Drew Beck in
11 Case No. 17-cv-7909;

12 ALSO PRESENT:

13 MR. RORY CANNON
14 Illinois Department of Human Services
15
16 Mr. Sean Gunderson
17 Kretchmar & Cecala, PC
18

19 REPORTED BY: LISA A. KOTRBA, CSR.
20
21
22
23
24

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(Exhibits retained by Mr. Cecala.)

1 THE COURT REPORTER: Before we proceed, I will ask
2 counsel to agree on the record that there is no
3 objection to this notary public administering a binding
4 oath to the witness by videoconference.

5 Please state your agreement on the record,
6 starting with counsel for the plaintiff, and at the
7 same time identify yourself and the party you
8 represent.

9 MR. KRETCHMAR: Randolph Kretchmar representing
10 the plaintiffs, Ben Hurt and Mark Owens. I have no
11 objection.

12 MR. CECALA: Joseph Cecala, also representing
13 plaintiffs. No objection.

14 MS. JOHNSTON: Mary Johnston representing
15 Defendants Javed, Kareemi, Delaney and Hogan in the
16 Hurt case and Defendant Javed in the Owens case. No
17 objection.

18 MS. KOZAR: And Amanda Kozar representing
19 Defendant Beck in the Hurt matter. No objection.

20 MR. CANNON: Assistant General Counsel Rory
21 Cannon. I'm just observing, so no objection.

22 (Witness duly sworn.)
23
24

1 DIANA HOGAN,
2 called as a witness herein, having been first duly sworn,
3 was examined and testified as follows:

4 DIRECT EXAMINATION

5 BY MR. KRETCHMAR:

6 Q Ms. Hogan -- or let me know if it's okay,
7 I'll call you Diana, you can call me Randy.

8 A That's fine. That's fine.

9 Q Okay. I just want to mention a couple of
10 rules of the road in a deposition. I don't know
11 whether you have been in a deposition before or not.
12 Have you?

13 A No.

14 Q Okay. Well, we've got a court reporter who
15 is taking a word-for-word transcript, and she needs to
16 hear one voice at a time in order to make it accurate.
17 So if somebody is asking a question, wait until you're
18 sure they are done asking the question, and, likewise,
19 I'll certainly try to wait until you're done answering,
20 but the point is we shouldn't talk over each other.

21 And we need to stay verbal. So when you
22 answer, say yes or no as opposed to nodding or shaking
23 your head.

24 Also, if we ask any questions that aren't

1 really clear to you or that seem confusing, just say so
2 we can rephrase them or clarify.

3 And if at any point you want a break, just
4 say so. It should be after a question has been
5 answered is the only thing.

6 A Okay.

7 Q Can you please, for the record, state and
8 spell your name?

9 A Diana Hogan. D-i-a-n-a, Hogan is H-o-g-a-n.

10 Q Thank you.

11 Let me ask, are you aware of and, at least,
12 initially or somewhat familiar with this lawsuit in
13 which you are a defendant?

14 A Somewhat. I've read the paperwork.

15 Q And when you say, "the paperwork," do you
16 mean the current complaint?

17 A Yeah, the complaint and the interrogatories,
18 obviously.

19 Q Okay. Do you understand the allegations
20 against you and the other defendants?

21 A Yes.

22 Q Okay. Now, let's go straight into it then.

23 Please summarize your education and your
24 professional qualifications.

1 A Okay. My education, I got my RN degree from
2 Rockford Memorial School of Nursing in 1987. I went in
3 to finish my Bachelor's in healthcare leadership from
4 the University of St. Francis. I finished that in
5 2012. And then I went on to get my Master's in
6 healthcare administration. I finished that in December
7 of 2013.

8 Q Okay. And how about any other qualifications
9 as a clinician or as an administrator in a state
10 forensic hospital?

11 A I completed the annual requirements as
12 required by the hospital to continue my employment
13 there.

14 Q That would be regular continuing education,
15 or is that an agency --

16 A That's a state of Illinois requirement.
17 I also for my license -- my RN licensure, which I have
18 to renew every two years, I have to complete 20 CEUs to
19 maintain that licensure, and I complete that every two
20 years.

21 Q Okay. Thank you.

22 Tell us when you started as an employee at
23 Elgin Mental Health Center.

24 A I started as an employee on August 27th of

1 1990.

2 Q And you were 24 years old, right?

3 A Yeah, I think. You do the math. I'm not a
4 math whiz.

5 Q You started young, almost like straight out
6 of school?

7 A I did.

8 Q Yeah. Okay. And what was the sequence of
9 jobs or positions that you've held until you retired
10 which, correct me if I'm wrong, was the end of 2019?

11 A Correct. Correct.

12 Q You know, as best you can recall what the
13 dates of your different positions at Elgin were.

14 A Sure. Sure. From 1990, when I started,
15 until 1998 I worked as an RN 2 on the FTP 2 North Unit,
16 which was an all-female UST/NGRI unit. From there, in
17 1998 to 2002, I transferred over to the CPS Program,
18 and there I worked as a clinical nurse supervisor on
19 the drugs unit. Then in 2002, I was laid off there in
20 the middle for three months. In October of 2002 to
21 2008 I worked as a clinical nurse supervisor on the
22 FTP F and G Unit, which was a UST 50-bed all-male unit.
23 From 2008 to July of 2015 I worked as the FTP associate
24 director of nursing. And then from -- actually, from

1 7/1 of 2015 until December of 2015, I was temporarily
2 assigned as the director of nursing, then I applied for
3 that position, and as of January of 2016 until my
4 retirement my title was the director of nursing;
5 however, I was T.A. to the hospital administrator
6 position in January of 2020 to mid October of 2020 in
7 the interim when we had no H.A.

8 Q H.A. is hospital administrator?

9 A I'm sorry. Hospital administrator.

10 Q Were you also a temporary hospital
11 administrator in 2017?

12 A 2017, no, I was not.

13 Q Only in 2019; is that correct?

14 A 2020, actually.

15 Q 2020?

16 A No, I'm sorry. You're right. It was 2019.
17 I retired the first part of 2020. I get my dates
18 confused. January of 2020 is when I retired, so, yes,
19 January of 2019 to October of 2019 when I was -- that's
20 when I was H.A.

21 Q Okay. Can I ask you something? Were you
22 reading those dates from a resume?

23 A Yes, I was. I wrote them down because
24 there's so many to remember and everything.

1 Q Yeah, okay. Okay. Fair enough.

2 What were the circumstances in which you
3 became hospital administrator?

4 A Our current hospital administrator left at
5 the end of the previous year, so the first part of 2019
6 I was asked if I would step up and T.A. since I was the
7 most senior and had been in administration, I guess.

8 Q And who was that hospital administrator who
9 left?

10 A Brian Dawson.

11 Q Did he leave suddenly?

12 A Yes. I don't know all of the details of what
13 happened or how, but, yes, it wasn't something that we
14 knew about.

15 Q When you say, "it wasn't something that we
16 knew about," who does that include, we?

17 A The we includes the administrative team.

18 Q And who was on that team?

19 A The administrators of the hospital, which
20 would be me; the director of quality strategies, which
21 would be Ann Boisclair; director of FTP, which was Jeff
22 Pharis; director of security, which would be at that
23 time Bill Epperson; director of HR, which at that
24 time -- I can't remember his name -- Peter something,

1 but, yeah, people there in the administration area.

2 Q How about the director of court services,
3 Vicky Ingram, was she part of that?

4 A No.

5 Q Okay.

6 A No.

7 Q You said it wasn't something we knew or it
8 wasn't something that we were told.

9 I believe you were referring to the
10 circumstances or the reason that the hospital
11 administrator retired suddenly --

12 A Correct.

13 Q -- is that correct?

14 A Correct.

15 Q And was there any rumor about that or
16 anything you heard since?

17 A Not to my knowledge.

18 MS. JOHNSTON: Objection. Form. Sorry.
19 Objection. Form.

20 And, Diana, if you want to restate your
21 answer, that got garbled.

22 THE WITNESS: I'm sorry. Did you want to repeat
23 the question, please?

24

1 BY MR. KRETCHMAR:

2 Q I'll ask it in a different form.

3 Have you ever known why the hospital
4 administrator at that time retired so quickly?

5 MS. JOHNSTON: Objection.

6 BY THE WITNESS:

7 A No.

8 MR. CECALA: What's your objection?

9 MS. JOHNSTON: Relevance.

10 She can answer. I'm just putting it on the
11 record.

12 BY MR. KRETCHMAR:

13 Q Yeah, I believe your answer was no; is that
14 correct?

15 A Correct.

16 Q Okay. Can you tell us what your
17 responsibilities as assistant director or associate
18 director of nursing were?

19 A I oversaw the units in FTP, the nursing staff
20 of FTP, and made sure that the units had proper
21 staffing, made sure that the annual required training
22 were available and completed, monitored overtime and
23 the financial of that, monitored -- what else did I do?
24 I also oversaw central scheduling to make sure, again,

1 that the units were properly scheduled and had adequate
2 staff. I looked at quality assurance measures,
3 different measures that we looked at, made sure that
4 there were updates to any policies were disseminated to
5 the nurse managers. I was also a resource for staff or
6 for when we had patients who had difficult medical
7 issues, I would discuss that with the nursing staff and
8 how we could do things better for the patient to reach
9 the proper outcome.

10 Q When you say difficult medical issues, you
11 mean non-psychiatric?

12 A Yes.

13 Q You actually were always a nurse, right? You
14 had a solid medical training?

15 A Yes.

16 Q You would be able to put in an IV, for
17 example, or dress a wound, right?

18 A Elgin didn't do IVs, but I did them prior to
19 coming to Elgin, so, yes, I probably could. But, yeah,
20 but also, you know, along the way I was also a
21 psychiatric nurse. So I was able to assist in certain
22 issues with patients who had -- it gets kind of
23 convoluted, but when you have patients who have
24 specific medical needs but their psychiatric illness or

1 paranoia or different things, perhaps, get in the way
2 of that, I would try to consult with the teams to see
3 how we could get the medical interventions taken care
4 of yet also deal with the patients', perhaps, paranoia
5 or different psychiatric issues.

6 Q What would be an example of a situation like
7 that? Do you mean a patient who believes that his
8 psychiatric medication is poison or --

9 A No.

10 Q Not that -- not that --

11 A Nothing to do with the medications.

12 I had a -- for example, I had a patient one
13 time who had a horrible foot wound, and his answer to
14 helping the foot wound was to soak it in his dirty
15 trash can. This just created more issues, as you can
16 imagine. So we actually went and -- and we couldn't
17 get him to understand that this was not helping his
18 illness. We needed him to go to a specific wound
19 clinic and really get it looked at; otherwise, he was
20 looking at some different osteo issues with the bones,
21 and he could potentially lose part of the foot because
22 of this. So we actually got together with him and
23 said, "Look, how is it that we can help you? We need
24 to soak this the proper way, in soap and water." And I

1 can't remember how it all came out, but somehow it came
2 out that he really wanted to golf. So we brought in a
3 putter and some golf balls, and he was able to go out
4 in the courtyard and do some putting that made him
5 happy, and he soaked it, and, you know, we made
6 progress that way.

7 So that's what I'm talking about is kind of
8 meeting with the patient to see how we can -- we can
9 fix both issues at the same time and really look at it
10 with fresh eyes, I guess.

11 Q So would you attribute -- I mean, you were
12 very successful as an administrator at Elgin, according
13 to your personnel file anyway.

14 Would you attribute that success to some
15 extent to your actual medical knowledge and training?

16 A Some of it. Some of it was actually -- I had
17 very good mentors in my career and going up. I had
18 great supervisors. I worked with phenomenal people,
19 and some of the physicians are just -- they are so
20 smart, and they were able to, you know, show me new
21 things and teach me things.

22 And it's not just about the medical or with
23 the knowledge, but it's also about getting -- having a
24 relationship with your patient, an appropriate

1 relationship with your patient, and being able to
2 educate them and talk with them one-on-one to make --
3 you know, help them understand things, and there's a
4 way to do.

5 MS. JOHNSTON: Real quick, Randy, Joe, is there
6 somebody else in there with you?

7 MR. CECALA: Yeah. I mean, he's coming in and out
8 right now, but he is going to sit in in a second. He
9 is not in here right now, but our paralegal, Sean
10 Gunderson, when he gets back will be observing the dep.

11 MS. JOHNSTON: That's fine. I just wanted to make
12 sure if it was somebody that was going to be in here
13 for a while that he could be listed on -- you know,
14 that Lisa can take it down.

15 MR. CECALA: For the record, he is not in here
16 right now, but as soon as he comes back, he'll be
17 observing the dep.

18 MS. JOHNSTON: And sorry about that. I just
19 noticed that.

20 MR. CECALA: No, I saw him come in and out, too,
21 but --

22 MR. KRETCHMAR: We should have mentioned it.

23 MR. CECALA: -- he'll be back in a minute.

24 MS. JOHNSTON: Yep. No harm. Sorry about that.

1 Go ahead, Randy.

2 BY MR. KRETCHMAR:

3 Q Anyway, based on your last answer or
4 comments, I get the feeling -- correct me if I'm
5 wrong -- it's important to actually know who a patient
6 is as a person; is that right?

7 A Yes.

8 Q And you believe you were particularly good at
9 that?

10 A I believe so, yes.

11 Q You mentioned mentors, great mentors.

12 A Uh-huh.

13 Q Can you tell us who one or two of them were?

14 A My first year supervisor when I started at
15 Elgin in 1990 was Cheryl Galla and now Cheryl Hofmann.
16 She was phenomenal, as well as John Hofmann, who is our
17 unit director; very smart, very good in their field.
18 I also had Donna Laveck (phonetic) as a director of
19 nursing. She was very good. I had Mary Litt as a
20 director of nursing. She was also very good. I worked
21 with Jeff Pharis. I worked with Dennis Headley. He
22 was also very good. Those are the ones that come off
23 the top of my head.

24 Q I knew Dennis Headley, by the way. I thought

1 he was a really bright man.

2 A Very good. He is very good.

3 Q Now, at a certain point, I believe -- let's
4 see if I'm right. 2015, I believe, you became director
5 of nursing as opposed to associate director of nursing;
6 is that right?

7 A Correct.

8 Q And what new responsibilities did you take on
9 at that appointment?

10 A Director of nursing also not only continues
11 to encompass the forensic program, as I had done
12 earlier, but it also then encompasses the community
13 psychiatric program, which was the other program on the
14 other side. I also oversaw the clinics, which were --
15 provided different services for the patients, all of
16 the different clinics you can think of, GYNE, podiatry
17 optometry, I oversaw all of those.

18 Q At one point I heard you use the acronym CPS.
19 Is that community psychiatric services?

20 A Services, correct. I'm sorry.

21 And let's see. As a director of nursing, you
22 work more closely with governing agencies, IDPH, OIG.
23 Who else did I work with? Joint Commission. These are
24 all -- they come, essentially, to the director of

1 nursing office for different data and things of that
2 nature.

3 Q You were actually the Joint Commission
4 liaison or administrator for EMHC; is that right?

5 A No. Actually, Ann Boisclair was. It's
6 usually the quality manager, but when it came to
7 questions specific to nursing, they would come to me
8 and ask me different things. And when they came to the
9 facility for surveys, it always involved the director
10 of nursing.

11 Q Diana, in, I believe, 2017 you received a
12 citation for outstanding performance as director of
13 nursing, correct?

14 A Correct.

15 Q That was -- it stated, I believe -- we've got
16 a copy of it here somewhere, but it was particularly
17 for your outstanding performance between January and
18 July of 2017; is that right?

19 A Yes.

20 Q Can you tell us what you most recall from
21 that period of time in the way of challenges or
22 achievements, either one?

23 A That period of time we had a Joint Commission
24 survey, and the preparation that -- I went about the

1 preparation for the Joint Commission survey in a little
2 bit different way than my predecessors, and I actually
3 did education facility-wide for the different standards
4 of care under the Joint Commission's psychiatric
5 hospital standards, and because previous -- I don't
6 want to diss our previous administrators, but in order
7 for us to do a great survey, the people that are being
8 surveyed need to know what are the standards and what
9 is it you're looking for. Our policies always mirrored
10 the standards, and they knew the policies, but I really
11 wanted them to know what the standard was, what our
12 policy was, and what does that mean for us as a
13 facility; how are we doing in making sure that we're
14 following those policies and doing all of that. So I
15 did all kinds of education.

16 I did a lot of -- we went through -- to every
17 unit and went through charts, looking to make sure that
18 treatment plans and everything were thorough and
19 completed. We really did a lot of education and
20 oversight with the staff. And because of that, I think
21 because of all of the extra stuff that we did and I did
22 and actually went out of our way, we got such a great
23 survey outcome. We had zero nursing findings, and for
24 a Joint Commission survey, that -- it had never

1 happened at Elgin Mental Health Center. That was the
2 first of its kind, and so for me, that was a particular
3 proud moment that we really -- we did very, very well,
4 and I was so proud of everyone.

5 Q And challenges during that period of time,
6 was it just the fact that your predecessors had not
7 gone to the trouble that you went to, or was there
8 anything else?

9 A I can't think of any other particular
10 challenges that I had had. We did at one point -- and
11 I don't know the dates. We had some staffing
12 challenges. We had a lot of people retiring, and
13 hiring in was a difficult time, so overtime was very
14 challenging, but, again, I don't know -- I can't think
15 of anything else that was very challenging at that
16 time.

17 Q You worked fairly closely with Jeffrey Pharis
18 during that time, correct?

19 A Yes.

20 Q Do you recall when he retired?

21 A No, I don't. I know it was while I was
22 director of nursing, but I don't know exactly when he
23 did retire.

24 Q What do you recall about your association or

1 your relationship with Mr. Pharis?

2 A Jeff and I worked as kind of -- it was a
3 professional relationship. If he had questions
4 related to nursing things, he always came to me. If I
5 had questions about procedural things, I would talk to
6 him. We worked together, and we had quarterly town
7 hall meetings with the forensic staff where we set up
8 meetings on every unit and met with them every shift to
9 see how things were going and, you know, what were any
10 challenges or problems and how could we address them.
11 So we tried to work together as much as possible to
12 make sure that the program ran very smoothly.

13 Q It sounds as though you were pretty much
14 right in the middle of everything. Is that a fair --

15 A For nursing stuff, I was. When it was
16 something that was with my discipline, my nursing
17 discipline, I was involved. I had to be. I was the
18 administrator responsible, so I had to be.

19 Q Have you spoken with Jeffrey Pharis at all
20 since he retired?

21 A No, I have not.

22 Q Have you heard anything about him since you
23 retired?

24 A Occasionally I see him on Facebook doing some

1 traveling. That's all I see.

2 MR. KRETCHMAR: Okay. Okay. Hang on just one
3 second, guys. I think I'm going to turn it over to Joe
4 for a question or two.

5 BY MR. KRETCHMAR:

6 Q I'm curious. When you limit your oversight
7 history or responsibility or job to your profession
8 only, nursing, you actually had a much wider oversight
9 and responsibility, at least when you were hospital
10 administrator, right?

11 A Yes. Yes, I did as hospital administrator.

12 Q And does director of nursing -- well, let me
13 put it this way. Who actually reports to the director
14 of nursing?

15 A The associate directors of nursing, the
16 nursing supervisors, the nurses, STAs, housekeepers and
17 office people.

18 Q I'm sorry. What was that last?

19 A Office people, secretaries, that kind of
20 stuff, central schedulers. They were all under the
21 office coordinator kind of job description.

22 Q Okay. So the STAs are a fairly large crowd,
23 right?

24 A Yes.

1 Q Now, how about when you were associate
2 director of nursing, who reported to you at that point?

3 A The associate directors -- still the nursing
4 supervisors, the people on down from that. So the
5 nursing supervisors, the RNs, the STAs and the
6 housekeepers and office people also reported to --
7 everybody had -- it was a linear kind of leadership
8 hierarchy.

9 So the office people -- the office people,
10 STAs, housekeepers reported to their specific
11 directors -- I'm sorry -- specific nursing supervisors.
12 Those supervisors and everyone below them reported to
13 the associate directors of nursing, and then when you
14 were the director of nursing, you were responsible for
15 all of them.

16 Q Now, for an associate director of nursing, on
17 any given day how many people would be reporting to the
18 associate director of nursing?

19 A On any given day, there's -- in the forensic
20 program, the associate director of nursing -- I'm
21 guessing. I am. I wish I could give you a better
22 answer. There are about 250 nursing staff within the
23 forensic program. As a nursing supervisor you're
24 responsible for a 50-bed unit, which was about

1 fifty-ish staff. So as a -- as an associate director
2 of nursing, you're probably looking at 200 staff that
3 you're responsible for.

4 Q And I presume the director of nursing reports
5 to the hospital administrator?

6 A Correct.

7 MR. KRETCHMAR: Okay, Joe.

8 DIRECT EXAMINATION

9 BY MR. CECALA:

10 Q So if you could -- there is another exhibit.
11 I think it was called Exhibit No. 1. It's the answers
12 to the interrogatories we sent to you.

13 A Yes, sir.

14 Q I didn't number the pages. It looks like
15 it's six pages. Do you have six pages?

16 A I do.

17 Q So if you look at the last page, number six,
18 where it says verification, could you read the
19 sentence, what it says?

20 A "I, Diana Hogan, a defendant in this matter,
21 hereby verify that the above responses are true and
22 correct to the best of my knowledge and recollection."
23 It has my signature and dated 10/1 of 2020.

24 Q Thank you.

1 That is your signature, right?

2 A Yes, it is.

3 Q Could you take a minute to just look at the
4 previous five pages to make sure that these are the
5 answers that you provided?

6 A Yes, they are.

7 Q On the first page where it has interrogatory
8 number one, it asks you to identify all persons with
9 knowledge of the facts underlying plaintiff's complaint
10 and identify all documents that relate to such
11 knowledge of facts.

12 So before I ask you about that, you said
13 earlier that you were able to read the complaint of Ben
14 Hurt versus James Corcoran and the other defendants.
15 You read through that, right?

16 A Yes.

17 Q Do you recall the first time you read through
18 it?

19 A No, I do not.

20 Q Was it before you answered these
21 interrogatories?

22 A I don't recall.

23 Q So is it possible that you answered the
24 interrogatories without reading the complaint?

1 A I don't know.

2 Q Did you write these interrogatories yourself,
3 the answers?

4 A Yes.

5 Q You did.

6 But you don't recall if you were looking at
7 the complaint before you answered the questions?

8 A No, I don't recall.

9 Q So in your answer to question number one, it
10 asks about knowledge of persons pertaining to the facts
11 underlying the complaint, right?

12 A Yes.

13 Q If you -- I'm just wondering if you hadn't
14 looked at the complaint how you were able to answer
15 this question.

16 A I may have. Again, I don't recall.

17 Q Okay. Well, your answer gives several names,
18 that the following individuals may have knowledge
19 relevant to the claims in the complaint, and the first
20 name is Pat Larson, former L Unit psychologist at Elgin
21 Mental Health Center.

22 Have you -- did you talk to Pat Larson about
23 the allegations in the complaint?

24 A No.

1 Q So how did you come to know that he may have
2 facts relevant to the complaint?

3 A That person is a she.

4 Q She. Thank you.

5 A And I can tell you this list of people
6 were -- these are people that were involved in the
7 treatment on the unit of the plaintiff.

8 Q And I'm just asking about Pat Larson.
9 Thank you for correcting me.

10 A Yeah, Pat is a psychologist on the unit, so
11 being part of the treatment team, it was my assumption
12 that she had knowledge.

13 Q You know, just -- I'm having a bit of a
14 difficult time hearing you. I don't know if there's a
15 way to adjust the microphone or something.

16 A I think I already turned it up. I guess --
17 okay. I'm up all the way. Is that any better?

18 Q We'll give it a shot.

19 Okay. So going back to Pat Larson, you're
20 just -- you're assuming they would know. You don't
21 have any direct knowledge as to whether Pat Larson
22 knows or not?

23 A Correct.

24 Q So then you also listed Joanne Langley,

1 allied health director and social work supervisor at
2 Elgin. Had you spoken to Joanne Langley about the
3 allegations in the complaint?

4 A No.

5 Q And how would you know if she had relevant
6 knowledge about the facts of the complaint?

7 A Joanne Langley was the supervisor of Christy
8 Lenhardt, so, again, it was my assumption that being
9 the supervisor of this person that she would have
10 knowledge.

11 Q And then the next person is Antoinette Kelly,
12 former nurse at Elgin. Did you speak with her about
13 the allegations in the complaint?

14 A No, I did not.

15 Q And is it also that same situation where you
16 were just assuming she would know about the allegations
17 in the complaint, or do you have information that you
18 have about what she may or may not know?

19 A No. It was an assumption again.

20 Q And what was her position that made you make
21 that assumption?

22 A She was -- Nenette was a nurse on the unit,
23 and then for a while she was the temporarily assigned
24 nurse manager, I believe, when I went to the director

1 of nursing role. The supervisor -- the previous
2 supervisor from that unit, Colleen Delaney, became the
3 associate director, and Nenette moved up to temporarily
4 assigned nurse manager of the unit.

5 Q So did Nenette work for you directly at some
6 point, or did she always work one person away through
7 Colleen Delaney?

8 A One person away, I believe.

9 Q Then you also listed James Corcoran, former
10 medical director at Elgin. Did you speak with him
11 about the allegations in the complaint?

12 A No, I did not.

13 Q And how did you come -- again, same
14 question -- to know that he may have information about
15 the allegations in the complaint?

16 A He was working in the program as one of
17 the -- the hospital -- the psychiatrists' supervisor,
18 so I just assumed he would know something.

19 Q So you say he was working in the program.
20 What program are you --

21 A I'm sorry. Forensic treatment program.

22 Q So forensic treatment program having
23 oversight of all forensic patients, right?

24 A He had oversight over all forensic

1 psychiatrists.

2 Q Okay. And then same question: Daniel Hardy,
3 medical director at Elgin, you listed him. What was
4 his position?

5 A He was the medical director at Elgin, and he
6 also covered -- his area of coverage was also the
7 forensic treatment program, so again, I assumed he had
8 knowledge being the medical director.

9 Q Now, did you ever speak to Daniel Hardy about
10 the allegations in the complaint?

11 A No, I did not.

12 Q And perhaps I should have asked this from the
13 beginning. When I say the allegations in the
14 complaint, what does that mean to you?

15 A That means that staff -- administrative staff
16 at Elgin had knowledge that there was something going
17 on between Christy and a patient.

18 Q Is there anything other than that in the
19 complaint or any other facts, or did you only think it
20 meant that whether the forensic staff or the staff at
21 Elgin had knowledge of the --

22 A Had knowledge --

23 Q You have to wait until I finish.

24 A I'm sorry.

1 Q She can't take us both down talking.

2 So there's more allegations in the complaint
3 than merely whether the staff had knowledge of what was
4 going on between Christy and Ben.

5 So I'm asking whether you are limiting your
6 answer in this instance to just whether staff had
7 knowledge or the other facts that are listed in the
8 complaint?

9 A I haven't read the complaint recently, but my
10 recollection is that the staff had knowledge, didn't
11 report it and that I allegedly had some sort of meeting
12 with Drew and Colleen to discuss it and sweep it under
13 the carpet. That's what I recall.

14 Q So that's when you -- when you're answering
15 the question "knowledge of the facts underlying the
16 complaint," that's what it means to you?

17 A Yes.

18 Q So the next person you listed was Jeffrey
19 Pharis, former forensic director at Elgin, which looks
20 like -- I just want to clarify their jobs. That's why
21 we're doing this.

22 So is one of the other people that you've
23 listed a replacement for Jeffrey Pharis as forensic
24 director?

1 A No.

2 Q So Jeffrey was the former forensic director,
3 and I'm wondering when you view the former dates to be.
4 Is it during the allegations of the complaint or before
5 the allegations of the complaint? What does former
6 mean?

7 A Former means that at the time of this -- my
8 signing this, 10/1/20, Mr. Pharis had already retired.
9 So at the time of this allegation, he was the
10 current -- he was the director, but at the time of the
11 signing, he was former.

12 Q Understood. Okay. And I'm not sure if Randy
13 already asked this, but have you spoken to Jeffrey
14 Pharis about the complaint or the facts alleged in the
15 complaint?

16 A No.

17 Q And what would be the reason that you listed
18 him as someone who may have knowledge?

19 A Jeff was the program director at the time, so
20 he often oversaw some of the -- or had knowledge of
21 incidents that were occurring on units that, perhaps,
22 I would not that didn't involve nursing staff.

23 Q And then the last person is Victoria Ingram,
24 court services administrator. Have you spoken to

1 Victoria Ingram about the allegations in the complaint?

2 A No, sir.

3 Q And same question: What would be the reason
4 you listed her as someone with knowledge?

5 A I don't recall why I would list her.
6 I honestly don't. She wasn't involved in day-to-day
7 treatment, so I don't know why I would list her.

8 Q Then your final statement is that all of the
9 named defendants may have knowledge relevant to the
10 claims in the complaint.

11 So start with Colleen Delaney, who is one of
12 the defendants. Have you spoken to Colleen Delaney
13 about the allegations in the complaint ever?

14 A No.

15 Q And how would you know she would have
16 knowledge about the allegations in the complaint?

17 A I didn't list her on there, so I don't know
18 that she has knowledge of the complaint except that
19 she's listed as one of the defendants.

20 Q So only because she's listed as a defendant,
21 not because you were assuming she would have knowledge
22 of the facts?

23 A Yeah, I didn't list her on this, so I don't
24 know how her name is coming up.

1 Q I'll just read your answer.

2 A Okay.

3 Q "Defendant further states that all named
4 defendants in this matter may have knowledge relevant
5 to the claims in plaintiff's complaint."

6 So even though she is not named individually,
7 it's the group of defendants may have, so I'm just
8 picking them one at a time.

9 A Oh, okay. Okay.

10 Q Does that -- does it change your answer from
11 before?

12 A The only reason I would say that she perhaps
13 could have knowledge would be that she was at a time
14 the nursing supervisor on the K and L Unit.

15 Q And is that, again, your assumption, or do
16 you have knowledge -- any knowledge about what Colleen
17 Delaney might know?

18 A I have no idea what Colleen Delaney knows.

19 Q What about Drew Beck, what was his position,
20 if you recall?

21 A Drew Beck was a social worker on either K or
22 L. I don't know which unit he was on.

23 Q And did you speak with Drew Beck about the
24 allegations in the complaint?

1 A No.

2 Q And how would you know that he, too, would
3 have information about the complaint?

4 A I don't know that he has information.

5 Q And Dr. Javed is another named defendant, and
6 she was a L Unit psychiatrist, I think, was her post.

7 Have you spoken to her about the allegations
8 in the complaint?

9 A No, sir.

10 Q And how is it that you would know if she had
11 knowledge about the allegations in the complaint?

12 A I don't know that she has knowledge except
13 that she was a psychiatrist on one of the units.

14 Q Are you aware of whether she was the treating
15 psychiatrist for any of the plaintiffs in the
16 complaint?

17 A I have no idea.

18 Q And Dr. Kareemi was another treating
19 psychiatrist. Have you spoken to Dr. Kareemi?

20 A No, I have not.

21 Q And same question: How would you know
22 whether she has knowledge? Are you aware, or were you
23 again assuming?

24 A I'm assuming, assuming as a psychiatrist on

1 the unit.

2 MR. KRETCHMAR: You told Joe that the reason you
3 might expect Dr. Corcoran to have some familiarity or
4 some knowledge was that he had oversight of all of the
5 forensic psychiatrists; is that correct?

6 THE WITNESS: No, that was Dr. Hardy had oversight
7 over all of the psychiatrists.

8 I know Dr. -- Dr. Corcoran came to work in
9 the forensic program. I wasn't part of the discussion
10 on what he covered and what he did. I knew he worked
11 with some of the forensic staff, but to what degree, I
12 don't know.

13 MR. KRETCHMAR: I thought you stated, actually,
14 when Joe said why would he -- why would you expect that
15 he would have some knowledge, I believe your answer was
16 that he had oversight of all forensic psychiatrists,
17 and I was just wondering why that would imply any
18 knowledge.

19 THE WITNESS: I don't have an answer for that. I
20 don't know.

21 MR. KRETCHMAR: Okay. That's the only thing
22 I have.

23 BY MR. CECALA:

24 Q So looking at the second question, it says,

1 "Identify all persons with knowledge of facts
2 underlying the affirmative defenses set forth in your
3 answer to the complaint and identify all documents that
4 relate to such knowledge or facts." And as part of
5 your answer you said, "based upon the fact that she
6 acted reasonably and in good faith at all times
7 relevant to the claims in the plaintiff's complaint."

8 Did you personally write that?

9 A No, I did not.

10 Q What does it mean that you acted reasonably
11 and in good faith?

12 A I don't understand the question. Related to
13 what?

14 Q Well, it's your answer.

15 A I know.

16 Q I'm just asking what you meant by what you
17 wrote.

18 A I honestly don't know.

19 Q Well, do you have knowledge of your acting
20 reasonably and in good faith?

21 A I do. I'm not sure it's related to this. My
22 entire career I've acted reasonably and in good faith.
23 I don't act unethically. I don't do any of that stuff,
24 so I don't know.

1 Q I understand, and actually, I'll acknowledge
2 you. You seem to have had an auspicious career at
3 Elgin.

4 A Thank you.

5 Q That's not the question.

6 The question is identifying the persons with
7 knowledge of facts underlying affirmative defenses in
8 your answer to the complaint and the documents that
9 relate to the knowledge of the facts. And your answer
10 is that you acted reasonably and in good faith. This
11 is not encompassing your 30-year career. This is about
12 a very short window of time from 2014 to 2017 about a
13 specific set of information that's in the complaint.

14 I'm just asking what you mean by you acted
15 reasonably and in good faith.

16 A Relating to the allegations, what I can say
17 to you is that I in acting -- reasonably and in good
18 faith in that had I known anything, had I heard
19 anything, I would have done what was necessary. I did
20 not know anything, I didn't hear anything; therefore,
21 I acted in good faith according to the knowledge that
22 I had.

23 Q So on the next page at the top it asks to
24 identify all persons you have relayed -- you have

1 retained to testify on your behalf.

2 I guess I could -- we can ask the lawyers,
3 but have you hired anyone other than your lawyers that
4 are not lawyers to help you with the case?

5 A No, sir.

6 Q So in question four, it asks you to provide
7 information with respect to all persons who the
8 defendants, and each individual one, have communicated
9 with concerning the complaint or any of the events
10 relating to the complaint both during the time period
11 covered by the facts of the complaint and at any time
12 after, up to the date of your answer.

13 Here -- and I don't want you to talk about
14 things you discussed with your attorney; however, you
15 did say, "Defendant Hogan has not communicated with
16 anyone other than her counsel concerning plaintiff's
17 complaint or the events related to the complaint."

18 So the question asks during the time period
19 of the complaint, which is from 2014 to 2017. Is it
20 your answer that you spoke to no other person about
21 what happened between Christy and Ben during that
22 period of time?

23 A No, sir, I did not.

24 Q And since that time have you spoken to any

1 person about what has happened in the complaint?

2 A No.

3 Q Question five asks you to provide information
4 with respect to all persons who have knowledge of the
5 basis for any denial of the specific facts in the
6 complaint and the knowledge of the person you're
7 talking about, how they came to know the information
8 and the identification of documents that relate to it,
9 and you say: "See response to question one." This is
10 the same group of people we went through earlier.

11 A Uh-huh.

12 Q Do you have any specific information
13 regarding any of those people having knowledge about
14 the complaint?

15 A No.

16 Q So you don't know whether they could affirm
17 or deny anything in the complaint?

18 A Correct.

19 Q So if you could now look at question number
20 seven, interrogatory number seven.

21 A Okay.

22 Q And maybe just read that to yourself, the
23 question.

24 A Okay.

1 Q Let me know when you're done.

2 A Okay.

3 Q So your answer is to see the same answer to
4 question number one, again, with the list of people?

5 A Correct.

6 Q So it's your testimony that, again, this is
7 the complete list of treatment professionals that
8 you're aware of that would be related to the
9 allegations in the complaint?

10 A The list in interrogatory question one, as
11 well as the people that are defendants, Drew Beck,
12 Colleen Delaney, they were also part of the treatment
13 team, the doctors, they were part of the treatment team
14 at the time.

15 Q And you have no knowledge of any other person
16 as part of the treatment -- forensic treatment team
17 that would have information about the complaint?

18 A No, I do not.

19 Q Okay. If you can go to the next page?

20 A Yes, sir.

21 Q So interrogatory eleven asks whether you had
22 any interaction with Ben Hurt.

23 A No, I did not. I never even met Ben.
24 I couldn't tell you what he looks like.

1 Q Okay. And the prior question, when it
2 asks -- sorry. I forgot to ask you this.

3 The questions about the conversations you may
4 have had between 2014 and 2017, which would be the
5 period in which the sexual abuse took place, you're
6 saying you had no conversations with anyone during that
7 time, correct?

8 A Correct, or after.

9 Q Or after.

10 So up to -- and your answers here were dated
11 October 1st. So updating your answers up to today, you
12 had no conversations with anyone all of the way up to
13 today, inclusive of today, with any person about the
14 complaint?

15 A No. No.

16 Q So the next question is question twelve. Did
17 you want to read that one to yourself and let me know
18 when you're finished?

19 A Okay.

20 Q So in that question it's asking when you
21 first came to know about or had any suspicion of the
22 allegations that are in the complaint. Maybe I'm
23 miswording the question, but when was the first time
24 you were aware of what was happening is essentially the

1 question, would you agree?

2 A Yes. The first time I was aware of the
3 situation was from the news. I saw it on the --
4 actually, my mom saw it on the newscast and called me
5 and told me Elgin is on the news; I might want to turn
6 on the TV. My mom was also a previous Elgin employee
7 for 29 years.

8 Q Now, weren't you, at least, I think, the
9 acting hospital administrator from January of 2017 to
10 the end of July 2017?

11 A No.

12 Q When were you hospital administrator?

13 A 2019.

14 Q So during 2017 when this -- when the abuse
15 ended -- because Ben Hurt was discharged on July 22nd,
16 2017 --

17 A Uh-huh.

18 Q -- you weren't aware of how the information
19 about Ben Hurt having sex with Christy Lenhardt was
20 released at Elgin or found out at that time?

21 A No, I was not.

22 Q You knew nothing about the information that
23 was obtained at Elgin in July of 2017 about their
24 sexual relationship?

1 A No, I knew nothing.

2 Q So in July of 2017, what was your position?

3 A July of 2017 -- July 1st of 2017, I -- sorry.

4 Wait. Let me look at my timeline. 2017 --

5 Q Actually, just so you know, I don't -- I
6 don't mind if you're consulting a document, but during
7 a deposition, if you're going to consult a document,
8 your lawyer and we have to know what documents you're
9 consulting.

10 A Okay.

11 Q So if you're not testifying from your own
12 memory and you have some notes --

13 MR. CECALA: You know, I don't want to make an
14 issue of it, Mary, but if she has got notes, I'm going
15 to want to either see the notes or have her testify
16 from her memory rather than some summary she has.

17 MS. JOHNSTON: I'm fine with that. My
18 understanding is that, I think, it looks like she
19 basically went through her CV and kind of made a little
20 chart of it. So I don't think it's different than what
21 we would have, but if you -- if you want the specifics
22 of where she was in July '17, I think that we can agree
23 to look back at her CV later. I know she has these
24 notes, but I understand what you're saying, but if you

1 want her to be going from memory, then, Diana, put the
2 notes away.

3 THE WITNESS: That's fine. I'll put it away.

4 MS. JOHNSTON: I guess I'll just say on behalf of
5 her then if she is a little bit off by something, you
6 know, she's going by memory.

7 MR. CECALA: Yeah, you know --

8 MS. JOHNSTON: That's fine.

9 MR. CECALA: -- it's kind of the point of what you
10 remember.

11 THE WITNESS: Okay.

12 MS. JOHNSTON: But I get you, Joe. I would have
13 asked the same thing.

14 MR. CECALA: Yeah.

15 THE WITNESS: Okay. No, that's fair. That's
16 fair.

17 BY MR. CECALA:

18 Q Yeah, so my question is, you know, what was
19 your position during July -- well, maybe June and July
20 of 2017, what was your job at Elgin?

21 A 2017 I became director of nursing.

22 Q So as the director of nursing -- was the
23 director of nursing position facility-wide, over all
24 clinical units and forensic units?

1 A Yes.

2 Q So then L Unit would have been one of the
3 units under your supervisory responsibilities?

4 A Yes, L Unit nursing staff. I did not oversee
5 social workers, psychologists, psychiatrists.

6 Q What about the STAs?

7 A Yes, I did oversee them.

8 Q So I guess my question is: You're also
9 overseeing the care of the patients on those units,
10 correct?

11 A Yes.

12 Q Whether it's from your specific job
13 responsibilities as director of nursing is -- I'm not
14 suggesting that you had responsibility for other
15 clinical professionals or the security department or
16 any of those people, right?

17 A Yes.

18 Q Just -- okay.

19 So what I'm wondering is, so in the month of
20 July 2017 when you were director of nursing, you had no
21 information or you weren't -- you had no conversations
22 or no one talked to you about the revelation that Ben
23 Hurt and Christy Lenhardt were engaging in sexual
24 relations?

1 A No.

2 Q Did you ever hear that there's an audio
3 recording that was discovered of Christy Lenhardt
4 giving oral sex to Ben Hurt while he was a patient at
5 Elgin?

6 A After the news report that I had heard,
7 later -- and I can't tell you when -- I heard that
8 there was evidence found and that there was an audio,
9 but I never heard it, but -- and this was well after
10 everything came out in the news reports and everything,
11 but I did not hear about it prior.

12 Q Who did you hear it from?

13 A I don't recall.

14 MR. CECALA: Hold on one second.

15 MR. KRETCHMAR: Diana, the news reports came out
16 when this complaint was filed. I believe your counsel
17 will stipulate that was November of 2017.

18 THE WITNESS: Okay.

19 MR. KRETCHMAR: You're saying that you had heard
20 nothing about this, no rumors, no clue until November
21 of 2017; is that correct?

22 THE WITNESS: Correct.

23 MR. KRETCHMAR: Do you recall during your time as
24 director of nursing that there was an Illinois State

1 Police investigation in which they interviewed,
2 I think, close to three dozen staff at Elgin Mental
3 Health Center?

4 THE WITNESS: I knew there were -- we have ISP out
5 for different -- different situations, dietary,
6 whatever, things come up, so I knew that ISP was on
7 grounds, but I didn't know the basis of what they were
8 interviewing or, you know, any of the cases per se.

9 BY MR. CECALA:

10 Q So you said you first heard about the audio
11 recording after of the news stories were released,
12 correct?

13 A Correct.

14 Q Did you hear about any of the other evidence
15 in the case once the news stories broke?

16 A No, I did not.

17 Q So do you know anything about any of the
18 other evidence in the case?

19 A No, I don't.

20 Q For example, whether Christy Lenhardt was
21 providing nude photos to Ben Hurt while he was a
22 patient at Elgin?

23 A No, I did not know that.

24 Q Is this the first time you're finding that

1 out, right now?

2 A Yeah. Actually, yeah.

3 Q Did you know whether the Elgin security was
4 involved in any investigation of what was happening
5 between Christy and Ben?

6 A As prior, what I said, that there was a
7 search and evidence was found. I knew security was the
8 one who did that search, but that was all I knew.

9 Q And when did you find that information out?

10 A That was the same, what I said, after the
11 news report came out and I found out that there was
12 evidence found and that security was the one that did
13 the search.

14 Q So between July and the news stories, which
15 we'll say sometime in November, was your position still
16 director of nursing?

17 A Yes.

18 Q Did you, while you were director of nursing,
19 ever talk to any of the nursing staff about whether
20 they were being interviewed by the State Police
21 concerning any investigation?

22 A No.

23 MR. CECALA: Give me one second.

24 MS. JOHNSTON: Joe?

1 MR. CECALA: Yes.

2 MS. JOHNSTON: Would this be actually a good time
3 we could do five minutes?

4 MR. CECALA: That's good. We'll take a
5 five-minute break.

6 (Short break.)

7 MR. CECALA: Just to clarify, we're back on the
8 record.

9 BY MR. CECALA:

10 Q So we were looking at the question twelve.
11 Actually, let me just ask this question right now.

12 Again, just going back to your answer twelve
13 and the first you're finding out. So are you aware
14 now, today, as to what happened with Ben Hurt after he
15 left Elgin?

16 A No, I am not.

17 Q Did you ever make any inquiries about that?

18 A No, I did not.

19 Q Have you talked to anyone about that?

20 A No, I did not.

21 Q So as you sit here today, you have no
22 knowledge that he had three suicide attempts in six
23 months after leaving Elgin?

24 A Wow. No, I did not know that.

1 Q Okay. So the next question, if you want to
2 take a quick look at question number 13 and maybe read
3 through that. When you're done, let me know.

4 A Okay.

5 Q And then so as you're here today, is your
6 answer the same, that you weren't involved in any
7 decisions of the transfer of Ben between the L and
8 K units at the time?

9 A No, I was not.

10 Q Are you aware of his transfer?

11 A I am because I'm reading it, but I was not
12 aware at the time.

13 Q When a patient is transferred from one unit
14 to the next, would you ordinarily have received the
15 information as director of nursing?

16 A Not necessarily, no.

17 Unless it had something to do with one of my
18 staff, I would not have been told.

19 Q And your staff was confined to nursing and
20 the STAs, not social workers, right?

21 A Correct.

22 Q So if you could take a look at the next
23 question, which is interrogatory number 14?

24 A Okay.

1 Q So this is describing an incident where
2 Christy Lenhardt was locked in an office with Ben Hurt
3 on the K Unit, and you say that you heard about the
4 incident the following day.

5 What information did you hear about it?

6 A I recall a conversation that I had with
7 Program Director Jeff Pharis outside of my office first
8 thing in the morning that the event had happened; that
9 the door had -- something had gone wrong with the door,
10 and Christy and a patient were locked in the office,
11 and we had to call out engineering to have the door
12 opened.

13 Q And what was -- what was it that Jeff
14 Pharis -- other than the mere fact that it happened,
15 did he communicate anything else to you?

16 A My question to Jeff was of a safety nature
17 regarding was there something else -- was there
18 something wrong with the doors? Is this something that
19 could have happened to my staff? If they assisted a
20 patient in the laundry room, could they have been
21 locked in there, housekeeping closet, washer, could any
22 of this have happened -- you know, continued to happen
23 with other doors, and was there something that we
24 needed to do from an engineering standpoint to ensure

1 this didn't happen again. That was the conversation
2 I had with him. And he said they were taking a look at
3 it, and they were going to handle it, and that was all
4 I recall.

5 Q And you said that -- was that conversation
6 the day after the incident?

7 A Yes.

8 Q Did either of you express any concern about
9 why a social worker would be locked in an office with a
10 patient?

11 A No.

12 Q So if you could, there's another exhibit.
13 It's Exhibit 3. We're going to come back to the
14 interrogatories in a moment.

15 A Okay.

16 Q Do you see Exhibit 3?

17 A Yes, I do.

18 Q So at the top, it's a from/to subject. It's
19 an email, correct?

20 A Yes.

21 Q Can you say who it's from?

22 A From Bill Epperson.

23 Q And who is Bill Epperson?

24 A Bill Epperson was the chief of security.

1 Q Did you work with Bill Epperson?

2 A Yes.

3 Q Was he part of the administrative team?

4 A Yes.

5 Q And you were also part of the administrative
6 team, right?

7 A Yes.

8 Q And he sent it -- obviously, the "To "says
9 Diana Hogan. Is this your email?

10 A Yes.

11 Q Do you remember receiving this email?

12 A No, I do not.

13 Q The date on it is Thursday, June 1st, 2017,
14 at 8:45 a.m., correct?

15 A Okay. Yes. Correct.

16 Q Do you remember whether you talked to Jeff
17 Pharis before this email or after it, if you could
18 recall?

19 A I don't recall.

20 Q When you had your conversation with Jeff
21 Pharis, do you know whether it was later in the day or
22 earlier in the morning?

23 A It was at some point in the morning.

24 Q Some point in the morning?

1 So it could have been before this email --

2 A It could have been.

3 Q -- was sent?

4 So when you look down, Bill Epperson
5 forwarded the email to you, right? Is that what it
6 looks like?

7 A Yes, he did. Yes.

8 Q And the subject of the email is "Incident on
9 K Unit" on the middle of the page, correct?

10 A Correct.

11 Q Just for the record, this is Bates stamped
12 27981. That's the page you're looking at.

13 Can you just read the text of the email
14 that -- it looks like Bill Epperson sent it to a lot of
15 people. We'll go through that in a moment, but can you
16 read the text of what Bill wrote?

17 A Yes. He said, "Dr. Ingram, here is a report
18 from the incident on K Unit last night. Very concerned
19 that a social work would ask for assistance from a
20 patient for an office not on her unit. Bill Epperson,
21 chief of security."

22 Q Okay. Looking at the document now, do you
23 remember receiving this email?

24 A No, I don't.

1 Q Okay. The subsequent two pages -- the page
2 27982 is the original email sent from Bill to Vicky,
3 copying Brian Dawson -- and, again, at that time who
4 was Brian Dawson?

5 A Brian Dawson was the facility director, the
6 hospital administrator.

7 Q In July of 20 -- I'm sorry. On June 1st,
8 2017 he was the hospital administrator?

9 A Yes.

10 Q And then Colleen Delaney, what was her
11 position?

12 A Her position would have been associate
13 director of nursing of forensics.

14 Q And as the associate director of nursing, she
15 worked for you, right?

16 A Yes.

17 Q Did she have specific units that she was
18 responsible for or a specific area of the hospital?

19 A As the associate director of nursing, she
20 would have had specific responsibility in the forensic
21 program. I don't remember the exact -- I think at that
22 point she had the entire forensic program, which would
23 have been F, G, H, I, K, L, M, N, Hartman, Pinel and
24 William White Cottage.

1 Q So this was an incident on K Unit. That
2 would have been a unit that would have covered her area
3 of responsibility, right?

4 A Correct.

5 Q So would it be correct to assume that because
6 it was K Unit and it was sent to Colleen that the
7 reason it was sent to her was because it was her area
8 of responsibility? Is that a correct assumption in
9 your view?

10 A Yes.

11 Q And then it says Ryma Jacobson. Who is Ryma
12 Jacobson?

13 A Ryma Jacobson was the associate director of
14 nursing for the community psychiatric services program,
15 and she oversaw clinic.

16 Q Okay. And if you know, why do you think Ryma
17 would have been copied on this email?

18 A Often if Colleen is off, Ryma will cover, and
19 vice versa. So many times they would send emails about
20 the different programs to each of the ADONs to make
21 sure they were informed of what was going on, that
22 potentially would need to be addressed.

23 Q Salvatore Verdone, who was that?

24 A That was a social work -- social worker in

1 the program, and I don't know what his particular title
2 at that point was. I know at one point he took a
3 temporary supervisory role, and I can guess that's why
4 they sent it to him, but I honestly don't know.

5 Q Okay. So not knowing that, would you know
6 why he would have been copied on the email?

7 A No, I do not.

8 Q Okay. And who is Richard Malis?

9 A Dr. -- he is a psychiatrist in the forensic
10 program, and he would often back up Dr. Hardy when
11 Dr. Hardy was not there. So that would be my only
12 guess on why they would send it to him.

13 Q But Dr. Hardy isn't copied on it.

14 Was Dr. Hardy employed at that time?

15 A I don't know. I don't know when he left.

16 Q And neither is Jeff Pharis copied on it. Do
17 you recall if he was working there at the time?

18 A I don't recall.

19 Q And then the last person is Malini Patel.
20 Who was that?

21 A Dr. Malini Patel, she is the other
22 director -- medical director. She shared
23 responsibilities with Dr. Hardy.

24 Q So in this email from Bill Epperson to Vicky

1 Ingram, there isn't -- doesn't appear to be any direct
2 treatment patient care staff member. Is that a correct
3 assessment of the list of people?

4 A Can you repeat the question?

5 Q So maybe I'll say it a different way so it's
6 more understandable.

7 A Okay.

8 Q Are any of the people that are on this email
9 directly responsible for patient care, like a social
10 worker or a treating psychiatrist?

11 A No.

12 Q So this email is more towards the, I would
13 call it, administrative group, giving them the
14 information, correct?

15 A Correct.

16 Q Now, where it says attachments, it says the
17 letters 17-9021-R35-31-17.doc. Do you see that?

18 A Yes, I do.

19 Q Okay. So that would have been the -- an
20 attachment to the email, correct?

21 A Yes.

22 Q So if you look at page 27617 is the next
23 page --

24 A Yes.

1 Q -- can you tell me what that document is?

2 A This is a security department report from
3 5/31 of '17 indicating -- at 7 p.m., indicating that
4 social worker Christy Lenhardt and patient Ben Hurt
5 were locked in the office.

6 Q Okay. So where it says report number --

7 A Yes.

8 Q -- do you see that number?

9 A Yes.

10 Q And does that number appear to match the
11 attachment, right?

12 A Yes.

13 Q So because it doesn't -- there was no
14 attachment to these emails, I just want to confirm that
15 the numbers are the same.

16 I guess I'm making an assumption, but this
17 would have been the same number of the attachment to
18 the email because it's describing in the security
19 department report exactly what Mr. Epperson was
20 referring to, correct?

21 A Correct.

22 Q Do you ever recall seeing this incident
23 report?

24 A I don't recall it, but it was attached to my

1 email.

2 Q So it's a fair assumption that you would have
3 read the attachment --

4 A Yes.

5 Q -- since you got the email?

6 I'm sorry. I don't know if I -- I
7 interrupted you, and I didn't hear your answer.

8 A I'm sorry. It's a fair assumption that I saw
9 this report, is that what you asked?

10 Q Yes.

11 A Yes, it is.

12 Q Okay. Great.

13 Now, as you read the report -- maybe take a
14 minute to read the report. Let me know when you're
15 done.

16 A Okay.

17 Q So in the very -- it describes in detail
18 everything security found, but the last sentence says:
19 Mark -- I think that is the security officer -- also
20 stated that Lenhardt's office is located on FTP L and
21 that they were locked in Social Worker Hamlin's office,
22 period, end of report. Right?

23 A Correct.

24 Q Now, then if you look at the two copies of

1 the same email, it refers -- Chief Epperson is
2 referring to the fact that he's very concerned that a
3 social worker would ask for assistance from a patient,
4 comma, for an office not on her unit.

5 What does that mean to you?

6 A That means that Bill Epperson was concerned
7 that Christy would be on another unit asking a patient
8 for assistance in an office that she was in that was
9 not of her own.

10 Q Right. So that's a fair interpretation.

11 My question is: What does that mean, that
12 comment? What does that mean to you? What information
13 does --

14 A That means that Bill has a concern --

15 Q Let me finish my question.

16 What information, with you sitting here
17 today, do you think is conveyed to you by that extra
18 comment?

19 A That Bill thought it was inappropriate that
20 Christy was in an office on the other side.

21 Q So is that something that appears to create
22 some degree of suspicion in your mind as to why that
23 would have happened?

24 A No.

1 Q So it would have -- it's not -- Bill is just
2 wrong?

3 A Bill is a security guard and not aware
4 sometimes of the inner workings of the unit and patient
5 coverage. There are -- when I was a nurse manager on F
6 and G, when you have a social worker who goes on
7 vacation or is gone, his or her patients still require
8 treatment and care, so they are often divvied up, or
9 this one will take care of that one, this one will take
10 care of that one so that there is coverage for them.
11 So -- and that may occur from social workers on the
12 other side depending on what staffing is.

13 So for me, when I saw this, I thought, okay,
14 Christy is over on the other side. Again, I didn't
15 know it was not her side at the time. Until I read
16 this, I had no idea because I don't know what side she
17 was on. But she -- so she went over to assist a
18 patient on the other side. I honestly breezed through
19 the report, and I didn't see that he was in to assist
20 her with the broken lock. I thought she was assisting
21 him to make a phone call, which is not out of the
22 ordinary as a covering social worker for another
23 patient.

24 Q Does it say any of that in the report?

1 A No, it does not.

2 Q So that's an interpretation of the report
3 that you're making today, or was that your
4 interpretation of the report when you got it on
5 June 1st, if you recall?

6 A That was my interpretation of the report and
7 the -- the report that I had -- not the written
8 report -- the verbal report that I had gotten from Jeff
9 that this had happened, that she was helping him make a
10 phone call. I honestly didn't think more about it than
11 that.

12 Q And you're saying you didn't think about it
13 at the time you received it?

14 A Correct.

15 Q Give me one second.

16 So did you have any occasion to talk to
17 anyone other than Jeff Pharis about this report?

18 A No, I did not.

19 Q Did you ever ask Chief Epperson what he meant
20 by his remark?

21 A No, I did not.

22 Q Did you do anything to follow up on what the
23 remark or the -- perhaps whatever suspicion appears to
24 be kind of couched in his remark, did --

1 A No, I did not.

2 Q Give me one second.

3 So earlier you testified about some of your
4 answers to the interrogatories, saying as an employee,
5 you acted reasonably and in good faith. Do you recall
6 that?

7 A Yes, I do.

8 Q So would this be one of the circumstances
9 where you felt as though, based upon your testimony,
10 coverage -- we don't really know the details of why
11 Christy Lenhardt would have left her unit and gotten
12 locked in an office with a patient on another unit, is
13 that because coverage and all those other things that
14 you mentioned, is that a fair interpretation of what
15 you meant by acting reasonably and in good faith?

16 A I don't supervise Christy, so anything -- any
17 further questions that may have come up about what was
18 going on with her were to be directed to her supervisor
19 and Jeff Pharis and the program. I didn't have any --
20 my concern was for my staff and the safety of those
21 doors, to make sure my staff wouldn't be caught in that
22 situation, but as far as any of the other questions,
23 those were not for me to ask. Those were for her
24 supervisor, for the facility director and for Jeff

1 Pharis and those people to follow up on if they thought
2 it was inappropriate, and I don't know their thoughts
3 on it. I didn't ask.

4 Q What about any concern you may have had for
5 Ben Hurt?

6 A I didn't have any concern for Ben Hurt.

7 Q And I appreciate your answer, but I actually
8 asked a different question.

9 May question was --

10 A Oh, sorry.

11 Q That's okay. It's not easy being deposed.

12 My question was: Earlier you testified about
13 acting reasonably and in good faith, and then you
14 answered this question by saying when you saw this --
15 I mean, I don't want to testify for you, but if you
16 don't think what I'm saying is correct, correct me.

17 So you testified acting reasonably and in
18 good faith, and then you said, well, Bill really
19 doesn't know all of the coverage issues, and from your
20 interpretation of what he is saying, sort of like this
21 is not that big of a deal, Bill. Social workers have
22 to cover in other places. You're not pointing
23 something out that is to be suspicious of.

24 Is that a fair interpretation of what your

1 testimony was, and is that what it means to be acting
2 reasonably and in good faith?

3 A I acted reasonably and in good faith
4 according to my staff.

5 Q Right. I'm going back to is there any part
6 of acting reasonably and in good faith regardless of
7 your staff or anyone's staff that would call your
8 attention to something that might be abusive to a
9 patient like Ben Hurt?

10 A I don't understand the question.

11 Q So your attention was on inappropriate
12 behavior of a staff member, correct?

13 A No.

14 Q Well, you were saying that if he was calling
15 attention to this and it was Christy Lenhardt who may
16 have been doing something that was out of bounds and
17 she is not your staff, it's not really your concern,
18 correct?

19 A Correct.

20 Q And my question is: Regardless of whether it
21 was your staff or not, don't you have an equal
22 responsibility to be concerned with all of the patients
23 at Elgin from your position as director of nursing?

24 A I do, and there are limits. I can't know

1 everything about 200 to 350 patients. So when
2 something like this comes up, I rely on the very
3 professional and good people that are supervisors to
4 those people to do their job and follow up on what they
5 should do.

6 Q And -- good. And is that what you mean when
7 acting reasonably and in good faith, is that the
8 meaning of you kind of staying in your lane, doing your
9 job, acting reasonably and in good faith, is that what
10 that remark means?

11 A Yes.

12 Q And you're relying on the -- to do that,
13 you're all relying on each other, right?

14 MR. CECALA: Sorry. I think we have a weather
15 alarm or something.

16 MR. KRETCHMAR: Yes, that's exactly what it is.

17 MR. CECALA: Sorry about that.

18 (Record read as requested.)

19 MR. CECALA: Maybe, Lisa, could you read that
20 back?

21 BY THE WITNESS:

22 A Correct.

23 BY MR. CECALA:

24 Q So security has to do its job, forensic

1 psychiatry and social work, they have to do their jobs,
2 nursing has to do their job, and you rely on each
3 other, correct?

4 A Correct.

5 Q And there's kind of a vigilant team in each
6 of those areas at Elgin to assure staff and patient
7 safety, correct?

8 A Correct.

9 Q So in this instance, acting reasonably and in
10 good faith, this isn't something that in your lane you
11 felt needed to be followed up on?

12 A Not by me.

13 Q And in your experience, those other teams,
14 and, perhaps, the teams you manage, they tended to be
15 vigilant and do a fairly good job overseeing patient
16 care and safety and staff safety, correct?

17 A Yes. Yes.

18 Q I just want to go back to the
19 interrogatories. We were on -- I kind of got them all
20 over. Well, I'll go by question. So the last question
21 I covered was question 14.

22 Could you take a look at question 15 and read
23 that? When you're done, let me know.

24 A Okay.

1 Q So in this instance, this was one of the ways
2 that security found out that Christy and Ben were
3 carrying on this relationship was through a social
4 media post.

5 Did you ever hear that?

6 A No, I did not.

7 Q And do you have any direct knowledge as to
8 how the relationship between Ben and Christy was
9 discovered?

10 A No, I don't.

11 Q And just -- maybe I should have asked this
12 earlier, but do you have any knowledge of the extent of
13 the sexual relationship between Christy Lenhardt and
14 Ben Hurt?

15 A No, I don't.

16 Q And now -- I just want to make sure.

17 Colleen Delaney was your immediate junior.
18 You were her supervisor, correct?

19 A Correct.

20 Q And when this happened, that they discovered
21 social media pictures taken of Ben in Christy's office
22 on the internet, did Colleen Delaney ever have any
23 discussion with you about that?

24 A No.

1 Q And as the ensuing security searches took
2 place, did anyone inform you about that at all?

3 A No. I didn't know anything about anything on
4 social media regarding Christy.

5 Q Okay. So if you could take a look at
6 interrogatory number 16 and let me know when you're
7 finished reading that.

8 A Okay.

9 Q So you have, as you sit here today, no
10 knowledge of any of the evidence that was discovered in
11 Ben Hurt's room after the ensuing security search?

12 A Aside from what I said earlier about being
13 told that there was an audio report, I have no other
14 knowledge.

15 Q Do you know as you sit here today what the
16 contents of the audio recording were?

17 A No. I believe at the time I was told that it
18 was of an oral sexual situation, but I -- again, that's
19 from my memory of what I was told. I never heard any
20 of it.

21 Q Do you remember who told you that?

22 A No, I sure don't.

23 Q Did anyone ever relate to you or did you ever
24 find out that Christy Lenhardt admitted on an audio

1 recording to helping [REDACTED] escape from Elgin?

2 A No, I did not know that.

3 Q Is that the first time you're finding that
4 out today?

5 A You know what? I didn't know that it was on
6 a recording. I do remember it coming out way after the
7 case, that perhaps she had something to do with the
8 escape, but that was all I had heard. I didn't want to
9 hear any more.

10 Q So which -- after which case?

11 A After Christy's picture came out and then
12 they had -- I had the discussion with Bill or whoever
13 it was that had said that, you know, there were
14 recordings, and then I think somebody told me that it
15 was -- it was assumed that she also had something to do
16 with [REDACTED] but that was all I had heard. I don't
17 know.

18 Q Do you remember who told you that?

19 A No, I don't.

20 Q You said you had a discussion with Bill.
21 What was that discussion about?

22 A I assumed it was Bill, but -- that said
23 something, but I honestly don't remember. He said
24 something about the recording.

1 Q So someone was relating to you that Christy
2 helped [REDACTED] become a fugitive, and you don't remember
3 who you spoke to about that?

4 A No, I don't.

5 Q Do you remember approximately when the
6 conversation took place?

7 A No, I honestly don't. It was way after the
8 news about Christy came out. I don't know.

9 Q Give me one second.

10 If you could take a look at interrogatory
11 number 18 --

12 A Okay.

13 Q -- and when you're done reading, let me know.

14 A Okay.

15 Q So this is about the policy related to
16 reporting incidents of sexual abuse, correct?

17 A Correct.

18 Q And your answer is you've been trained on and
19 are aware of the duty to report allegations for
20 suspicions of sexual abuse to the OIG, and you don't
21 have information as to dates, times, people involved in
22 such training but has completed the annual training
23 every year.

24 So could you tell me a little bit about what

1 is the annual training as it would relate to reporting
2 incidents of sexual abuse to OIG?

3 A Yes. We do a training that's called OIG
4 Rule 50. It is an annual training done by all
5 employees that specifically goes through abuse and
6 neglect of patients and what constitutes abuse and
7 neglect.

8 Q So does a staff member having sex with a
9 patient constitute abuse and neglect?

10 A Yes, it does.

11 Q And actually, I should have asked this
12 earlier.

13 You're aware that Christy Lenhardt pled
14 guilty to sexual abuse, felony charges, and went to
15 prison for what happened between her and Ben? Are you
16 aware of that?

17 A Yes.

18 Q So you're aware that -- at least if you
19 believe her guilty plea, that there were sexual
20 encounters between her and Ben Hurt, correct?

21 A Correct.

22 Q So -- okay. If you could read question
23 number 19. I'm going to come back to the policy in a
24 minute.

1 A Okay.

2 Q I just want to see if we can get through
3 these questions --

4 A Okay.

5 Q -- really fast.

6 So question 19, would you let me know when
7 you're done reading that?

8 A Sure. Okay.

9 Q So you never heard a rumor or even gossip
10 about Christy Lenhardt being involved with any patients
11 ever at Elgin?

12 A No, I did not.

13 Q So let's look at question 20. Could you read
14 that and let me know when you're finished?

15 A Sure. Okay.

16 Q So your answer to this question was that you
17 couldn't answer it based upon the HIPAA laws?

18 A Right.

19 Q Right. So I mean, I'll ask you questions.
20 If your lawyer has objections, give her a chance,
21 but -- because you didn't answer the question. You
22 said, "I object on the basis of I can't reveal anything
23 because of HIPAA."

24 So my question is: Do you know anything

1 about Christy Lenhardt having a relationship with
2 [REDACTED] Rotunno?

3 A No, I do not.

4 Q Did you ever hear a rumor about that?

5 A No, I did not.

6 Q And if you look at interrogatory number 21,
7 it's a similar question, just about Christy helping
8 [REDACTED] to escape. Do you see that?

9 A Yes, I do.

10 Q So you've read that.

11 And you have a similar answer, but did you --
12 do you have any knowledge about Christy helping [REDACTED]
13 to escape?

14 A No, I do not.

15 Q And do you -- did you ever hear a rumor of
16 that in any way?

17 A No, I did not.

18 Q And then questions 22 and 23 are similar, but
19 question -- could you read question 22?

20 A Sure. Okay.

21 Q So this is about a patient named [REDACTED]
22 [REDACTED] Have you ever heard of that patient?

23 A Yes.

24 Q Did you have any reason to interact with that

1 patient?

2 A No.

3 Q But you know who he is?

4 A Yes, I do.

5 Q Are you aware whether Christy Lenhardt had a
6 relationship with [REDACTED]

7 A No.

8 Q Did you ever hear a rumor or anything about
9 Christy having a sexual relationship with [REDACTED]

10 A No.

11 Q While you were -- I think you said you were
12 hospital administrator in 2019; is that correct?

13 A Correct.

14 Q Are you aware of any OIG investigation
15 related to [REDACTED]

16 A No.

17 Q Is the hospital administrator regularly made
18 aware of OIG reports and findings?

19 A Not always, but honestly, I don't remember.

20 Q So -- and just out of curiosity, as part of
21 the -- there was a wonderful commendation you received
22 as hospital administrator and setting out between the
23 dates of January through July of 2017 -- well, it says
24 director of nursing. The hospital administrator gave

1 you the commendation. Sorry.

2 A Correct. Correct.

3 Q You were working on the Joint Commission
4 survey at that time, correct?

5 A Correct.

6 Q And did you also liaise at all with OIG as
7 part of the Joint Commission responsibilities?

8 A I got specific OIG -- as a nursing -- as a
9 director of nursing, I got specific OIG reports if they
10 pertained to my nursing staff, things that I had -- if
11 I had to follow up with discipline of staff, and so
12 there are different OIG reports. You can get -- there
13 are different letters, and I cannot remember them.
14 There's M cases and S cases and the ones that they are
15 taking the case.

16 So I would actually get all of the reports
17 that dealt with my staff, and then I would kind of
18 review them, because sometimes you get a name that you
19 might see a little bit, and maybe they need some
20 reeducation or something, and those are in the reports
21 that I followed up on.

22 Q Right. Actually, that was going to be my
23 next question, which is, as hospital administrator,
24 isn't it part of the responsibilities to assure that

1 there's staff training to prevent incidents of abuse?

2 A Yes. Yes -- well, it's not necessarily the
3 hospital administrator's duty. That comes from the
4 State of Illinois directly to our education department,
5 and they make sure that it's loaded on every staff
6 computer and that they complete it annually.

7 Q So is there internal training that's done by
8 the Elgin staff related to particular areas of concern
9 that's developed internally?

10 A No.

11 Q So there has never been an instance where
12 there has been training developed for the purpose of
13 making sure staff understand policy and can act
14 accordingly within Elgin?

15 A Yes, we're -- for Elgin policies. When
16 policies are changed, we develop a different system on
17 how to make sure that that is disseminated to all
18 staff. We put it in the monthly bulletins that go out,
19 the information bulletin, actually, that describes what
20 the changes in each policy are. And then for some of
21 the policies we do what we call a read and sign, which
22 is we put it on every unit. Every staff is expected to
23 read it and then sign off on it that they have read and
24 understand the policy.

1 Q And -- good. So it's internal Elgin policy
2 that this more, I guess, internal tailor-made training
3 is designed to assure they know the policy and can
4 apply it, correct?

5 A Correct.

6 Q Okay. So could you read question --
7 interrogatory 23?

8 A Okay.

9 Q So you never filed an OIG report regarding
10 any sexual or romantic relationships between staff and
11 patients in the entire time you worked at Elgin?

12 A No.

13 Q And you said because you had never known or
14 suspected any such relationship, correct?

15 A Correct.

16 Q For you to suspect a relationship, say, when
17 you were hospital administrator, wouldn't you have to
18 have received some information through your subordinate
19 lines?

20 A For me to write a report to OIG or call it
21 in, nowadays, to orient you regarding a sexual or
22 romantic relation, I would have had to be the one that
23 would have had to seen it or suspected it.

24 As reporters to OIG, we are obligated to

1 report what we see. So if one of my staff comes to me
2 and says, "I think this is going on," my response to
3 them would be, "Call it into OIG," and then I would
4 follow up to make sure they did call it into the OIG.
5 It should be the person who actually witnessed it
6 instead of just hearsay.

7 Q Right. So as a hospital administrator, if a
8 staff person tells you, "I saw this," the report of who
9 actually directly witnessed it must go to OIG, correct?

10 A Correct.

11 Q But the person who receives the report, is it
12 your understanding that that person does not have the
13 responsibility to make the report, as well?

14 A That is my -- as long as someone makes the
15 report, it doesn't have to be me. It can -- it should
16 be the person, again, who witnessed it.

17 Q So how would you know if the person who
18 reported it to you made the report to OIG?

19 A Because I call them and bug them to make sure
20 that they get it done and that they have done it within
21 the four-hour window. I will not just assume that they
22 do it. I will follow up with them.

23 Q Have you ever done that?

24 A Yes.

1 Q So you've called and bugged subordinate staff
2 to make sure they reported within the four-hour window
3 to OIG on --

4 A Absolutely.

5 MS. JOHNSTON: One second. Joe, I'm not sure if
6 you actually finished your question there before she
7 answered. You said -- you got to called subordinate to
8 call in a report to OIG about. . .

9 MR. CECALA: Sexual misconduct.

10 BY MR. CECALA:

11 Q I think you got it. Did you understand that,
12 that was the --

13 A No. I'm sorry. I didn't.

14 I had never had anyone report to me anything
15 about sexual misconduct, nor have I directed anyone to
16 call OIG on that sexual misconduct. It has been other
17 subjects, not sexual misconduct.

18 Thank you, Mary.

19 Q So other abuse that needs to be reported in
20 the four-hour window other than sexual abuse is what
21 you --

22 A Yes.

23 Q -- were answering to?

24 A Yes.

1 Q And maybe I'll -- Mary will ask these
2 questions later, but -- so did you ever directly see
3 Christy Lenhardt and Ben Hurt having sex?

4 A Absolutely not.

5 Q And do you know if any of the other
6 defendants saw Christy Lenhardt and Ben Hurt having
7 sex?

8 A I don't know that. I could only -- no, I
9 don't -- I don't know.

10 Q Which means you don't know if they did see
11 it; it just never got reported to you, either, correct?

12 A Correct.

13 Q And just to make sure I ask it, interrogatory
14 number 24 asks whether you ever had a relationship or
15 interaction with Christy Lenhardt or encounters with
16 her of any kind. Do you see that question?

17 A I do.

18 Q So did you have any encounters with Christy
19 Lenhardt?

20 A No. I knew who Christy was. I saw Christy
21 in the hallways if I was out and about visiting units,
22 but I never had a relationship with her, nor did I ever
23 have conversations with her.

24 Q So you never spoke to Christy Lenhardt in the

1 entire time that you worked there or she worked there?

2 A I may have had a fleeting conversation of
3 "Hi, how are you," that's all.

4 Q So question 25 asks about -- the same
5 question about each defendant. I'm going to go through
6 each of them one at a time.

7 A Okay.

8 Q So what relationship did you have while you
9 worked at Elgin with Drew Beck?

10 A Professional. I saw Drew once in a while,
11 worked with him at one point on some educational stuff
12 he was doing with the staff, which involved my staff.
13 So we talked about scheduling and that kind of stuff,
14 but otherwise, that was all.

15 Q So when was it that you worked with Drew Beck
16 on educational materials for the staff at Elgin?

17 A I believe it was after all of this stuff with
18 Christy. I think we did a program -- he did a program
19 on boundaries.

20 Q And you're aware that he created that
21 training program on boundaries?

22 A Yes.

23 Q And that would have been not only delivered
24 to the social work staff but the nursing staff, as

1 well?

2 A Correct.

3 Q Did you meet with him about creating those
4 materials?

5 A No.

6 Q Did you have any other interactions with Drew
7 Beck?

8 A No.

9 Q Did you ever work with him on anything else
10 other than the after-the-Christy-incident boundary
11 training materials?

12 A No, I did not.

13 Q Did you have a relationship with Dr. Javed?

14 A No.

15 Q Did you ever speak to her?

16 A I did. Occasionally Jeff and I or just
17 myself would go to some of the morning team meetings if
18 we had something to share with them or some sort of
19 education thing we wanted to share with them. So I
20 knew who Dr. Javed was and have no professional
21 relationship with her, didn't have conversations with
22 her, nothing like that.

23 Q So you never talked to her about work topics?

24 A No.

1 Q You said you participated in morning meetings
2 with the staffing units?

3 A Correct.

4 Q Did you ever participate in morning meetings
5 on L Unit?

6 A Once in a while I would go down there. This
7 wasn't a thing that happened every day. It was just
8 once in a very great while we would go down if they
9 needed us or if we needed to provide some sort of
10 information or whatever. So yes, I did go down to
11 L Unit.

12 Q Do you recall any meetings on L Unit in 2017?

13 A No.

14 Q Did you have a working relationship with
15 Dr. Kareemi?

16 A Same as Dr. Javed; I would see her on
17 occasion in a professional meeting or whatever, but no
18 conversations, no real relationship.

19 Q And then Colleen Delaney was your immediate
20 subordinate, correct?

21 A Correct.

22 Q So could you tell me about your working
23 relationship with Colleen?

24 A I supervised Colleen. I helped her -- when

1 she got into these different roles, I would help mentor
2 her, you know, and reeducating on how to enroll and
3 things that worked for me, you know, just regular
4 mentor stuff. We were friendly, we were professional,
5 but I don't do anything with her personally or anything
6 like that. It was just work stuff.

7 Q So were you Colleen's supervisor during the
8 time period between 2014 and July of 2017?

9 A Yes.

10 Q Did Colleen ever mention Christy Lenhardt and
11 boundary issues to you during those three years?

12 A No.

13 Q Did she ever mention any information or offer
14 any information about Christy Lenhardt's behavior with
15 Ben Hurt?

16 A No.

17 Q Did she ever relate to you that other staff
18 had reported breaking of boundary issues between Ben
19 Hurt and Christy Lenhardt to her?

20 A No.

21 Q Give me one second.

22 If you could look at what has been marked
23 Exhibit 4, I think the pages are all numbered in
24 perfect sequence from 27404 through 27418.

1 Do you have all of those pages?

2 A Yes, I do.

3 Q Could you take a look at the first page,
4 which is 27404?

5 A Okay.

6 Q So what is this document?

7 A This is an email from Ann Boisclair to, it
8 looks like, much of the administrative team about
9 policy reviews at morning meeting today. That was the
10 subject of it.

11 Q And the date is January 19th, 2017, correct?

12 A Correct.

13 Q Who is Ann Boisclair?

14 A Ann Boisclair was the director of quality
15 strategy.

16 Q And do you know who Linda Nidelkoff is?

17 A Yes.

18 Q Who is Linda Nidelkoff?

19 A She was the girl over in staff development,
20 the instructor.

21 Q Did Linda Nidelkoff work for Ann Boisclair?

22 A Yes, she did.

23 Q And the subject -- it looks like it's an
24 email from Ann to a bunch of people, which I would,

1 perhaps, call this -- is this the administrative team?

2 A Yes.

3 Q And it's cc'd to Meredith Kiss. Who is
4 Meredith?

5 A Meredith Kiss is the deputy director of
6 hospital operations for the State of Illinois.

7 Q And does she work at Elgin?

8 A Yes, she does. She has an office there.

9 Q But she's not -- her oversight is more than
10 merely Elgin, correct?

11 A Correct.

12 Q And then there's attachments and the names of
13 the attachments to the email there. I'm mostly looking
14 at the ones that say PPM1870 and then 1870 Exhibit A, B
15 and C.

16 Do you see those attachments?

17 A Yes, I do.

18 Q I'm going to kind of skip because -- Ann is
19 describing in paragraph one on that page the necessity
20 for implementation of policies through the leadership
21 group and that there would be revisions, and she is
22 just describing the purposes behind delivering all of
23 this information.

24 Is that a fair assessment of paragraph one?

1 A Correct.

2 Q If you could look at paragraph six, do you
3 see where -- that paragraph?

4 A Yes. The one about PPM1870?

5 Q Correct.

6 Now, what does PPM stand for?

7 A Policy and Procedure Manual 1870. It's just
8 a filing reference.

9 Q Right. And the Policy and Procedure Manual
10 is the -- what we were talking about earlier, the
11 internal governance policies of Elgin, correct?

12 A Correct.

13 Q And actually, you testified earlier when
14 Randy was asking you about your background that --
15 emphasizing the importance of policy for the Joint
16 Commission and making sure that policy gets followed at
17 Elgin was a primary part of your responsibilities when
18 you got the commendation, correct?

19 A Correct.

20 Q And that education and oversight of the
21 patient -- of the staff to assure policy is created and
22 followed was -- that's why the Joint Commission looks
23 favorably at hospitals, isn't it?

24 A Yes.

1 Q So this is kind of squarely within the
2 management, the responsibilities of management, to
3 oversee the training of the staff as it pertains to
4 policy, correct?

5 A Correct.

6 Q Give me a sec.

7 Okay. So Policy and Procedure Manual 1870 is
8 a policy entitled Nonconsensual Sexual Contact Among
9 Patients, correct?

10 A Correct.

11 Q And then there's -- it says, "Implementation
12 plan." QM, is that quality management?

13 A Quality manager, yes.

14 Q "Quality manager will send approved version
15 to all."

16 That would be Ann Boisclair, correct?

17 A Correct.

18 Q And then it says DON. Is that director of
19 nursing?

20 A Correct.

21 Q Was that you?

22 A Yes.

23 Q "To present it to CNMs." What is CNMs?

24 A Clinical nurse managers.

1 Q Was Colleen Delaney considered a clinical
2 nurse manager as a subordinate of yours?

3 A At this time when I was DON, she was
4 associate director of nursing.

5 Q Okay. So there would have been another
6 clinical nurse manager, perhaps, on each clinical unit,
7 correct?

8 A Correct.

9 Q Do you recall who that was in 2017?

10 A No, I do not. I don't know if that was
11 Nenette Kelly -- Antoinette Kelly. She was there for a
12 while, but I don't know who took the position after
13 that.

14 Q Okay.

15 A I don't remember. I should say it like that.
16 Somebody did. I just don't remember.

17 Q Fair enough.

18 So the clinical nurse managers who will train
19 and do read and sign with RNs, the registered nurses,
20 staff at the facility, correct?

21 A Correct.

22 Q It says to begin today, which this email is
23 dated January 19, 2017, correct?

24 A Correct.

1 Q And M.D.'s, the doctors?

2 A Yes.

3 Q "Will present at MSO." What does MSO stand
4 for?

5 A MSO is medical staff organization meeting.
6 That's when the doctors, essentially, have a
7 get-together.

8 Q So the doctors were going to discuss it on
9 January 19th, will present these materials that day,
10 correct?

11 A Correct.

12 Q So if you could, then there's the policies
13 that are behind it, and they are kind of numbered
14 according to what the email was, but I'd ask you --
15 well, the next page, which is 27406, that looks like
16 it's an Elgin policy on Policy 1320, reporting patients
17 with MR diagnosis.

18 A Correct.

19 Q So what is MR diagnosis?

20 A MR is mentally retarded.

21 Q So that's that page.

22 And then there's another policy after that,
23 1530, Patients with Mental Illness and Intellectual
24 Disabilities. This is a new policy draft, correct?

1 A Yes.

2 Q The page after that, 27408, similar policy.

3 It's page two of that, correct?

4 A Correct.

5 Q And then the one after that, it just says

6 page three. Same policy, correct?

7 A Correct.

8 Q And then there's page four, correct?

9 A Correct.

10 Q So that would have been attachment PPM1550,

11 I think? I'm not sure because I can't tell what -- we

12 have the printouts, but I'm just asking you.

13 This would have been an attachment to the

14 email, correct?

15 A Correct.

16 Q Oh, and actually I forgot to ask you.

17 So you were on the list. You received this

18 email, correct?

19 A Yes, I did.

20 Q Do you actually remember receiving this

21 email?

22 A No, I don't.

23 Q But this would have been sent in the ordinary

24 course of Ann's job responsibilities to you as director

1 of nursing, right?

2 A Yes.

3 Q And a big part of responsibility is making
4 sure that policy is trained and implemented as --

5 A Correct.

6 Q Okay. So then the next page, which is
7 document 27412, that's the policy -- it's page one of
8 Policy 1870, Nonconsensual Sexual Contact Among
9 Patients, right?

10 A I think mine are -- what number did you say?
11 I'm sorry.

12 Q So at the bottom of the page, it's page
13 27412.

14 A Oh, yes. Yes.

15 Q And at the top it's the Policy and Procedure
16 Manual Number 1870, Nonconsensual Sexual Contact Among
17 Patients, correct?

18 A Correct.

19 Q So what exactly does nonconsensual sexual
20 contact mean?

21 A That -- I was trying to see if it was in
22 the -- a behavior of any sexual nature that occurs
23 between patients that is unwanted and makes the alleged
24 victim feel uncomfortable and feel fearful. This

1 may --

2 Q You're reading from the document, right?

3 A Yes. It's right there in the definition.

4 Q That's okay. I'm asking you what it means.

5 We're going to read from the document in a moment.

6 What does it mean to you?

7 A To me, it's sexual contact that's not asked
8 for or wanted.

9 Q Do you know why there's a distinction made,
10 nonconsensual sexual contact in this document?

11 A No, I don't.

12 Q Is it possible for a patient and another
13 patient or a patient and a staff member to ever have
14 consensual sexual contact while confined to an
15 involuntary mental health facility?

16 A It is never appropriate for a staff member to
17 have any sexual relationship with a patient. However,
18 we have had -- and to the other part of your question,
19 we have had patients in the CPS program, not forensic,
20 that have had sex before, and both were consenting
21 parties, and that was a little bit different, but that
22 was years ago. I don't know if that has changed since.
23 I honestly don't know.

24 Q Okay. I actually asked you a different

1 question.

2 A I'm sorry.

3 Q That's okay. My question is: Is it ever
4 possible for a patient confined to an involuntary
5 facility to have consensual sex with anyone?

6 A I don't know.

7 Q Were you ever trained on that?

8 A I don't recall.

9 It's never appropriate to have sexual
10 relations with a staff ever, but patient to patient, I
11 don't know.

12 Q Okay. So this happens to be a policy on
13 patient-to-patient nonconsensual sex, correct?

14 A Correct.

15 Q And you started to read it. It's on
16 page 27412, nonconsensual sexual contact, and it gives
17 a lot of very detailed forms, kissing, touching, you
18 know, basically any genital contact of any kind which
19 are deliberate exposure of genitals for sexual
20 gratification.

21 So there's all this fairly detailed graphic
22 behavior of sexual acts that are in the policy,
23 correct?

24 A Correct.

1 Q And then it outlines who the alleged victim
2 is, correct?

3 A Correct.

4 Q So that would be anyone alleging a
5 nonconsensual sexual act, correct?

6 A Correct.

7 Q So at that point it's an allegation, correct?

8 A Correct.

9 Q So it doesn't say here who the witnesses to
10 the sexual act are, correct?

11 A Correct.

12 Q It's merely that it happened, and somebody is
13 now talking about it after the fact in this policy?

14 A Correct.

15 Q Because, obviously, if a staff person saw two
16 patients having sex, there would be a witness to that
17 act directly observing it, and the patient as the
18 alleged victim might not necessarily even be needed to
19 make anyone aware because the staff would have seen it,
20 right?

21 A Right.

22 Q So there's a policy here because a victim is
23 someone who has to allege that to someone else, right?

24 A I don't know.

1 Q Well, let's read the definition. It says
2 alleged victim, right?

3 A Uh-huh.

4 Q What does that say?

5 A One who alleges that a nonconsensual sexual
6 act with another patient has occurred.

7 Q Right. So someone has to allege it.

8 A Right.

9 Q And it goes and it defines the victim, the
10 perpetrator, and then it says advocate. Here it says:
11 The staff person assigned by the charge nurse to
12 immediately remove an alleged victim from the milieu
13 after an allegation or incident of nonconsensual sexual
14 contact and provide support and advocacy as outlined in
15 policy part III B. 2 below.

16 A Right.

17 Q So if this happens, where someone alleges
18 that they have had sex with another patient,
19 immediately -- that's the word, immediately -- there's
20 a staff member assigned to take care of the patient who
21 is the victim, correct?

22 A Correct.

23 Q And then there's a procedure, and the
24 procedure starts with part three. "Any EMHC staff who

1 receives an allegation" -- and it says, "or observes
2 interpatient nonconsensual sexual contact will, after
3 ensuring immediate safety of the alleged victim, report
4 the allegation to the unit charge nurse," correct?

5 A Correct.

6 Q Okay. Now, I'm going to ask you, looking
7 at -- so we've kind of discussed that. That's up in
8 the -- it's kind of almost implicit in the definitions,
9 right? We're going to immediately take care of the
10 patient, correct?

11 A Correct.

12 Q And then there is a list of things in
13 Section B. Once it's reported, the charge nurse or
14 designee -- now, you were a director of nursing. Would
15 the charge nurse have been someone that we talked about
16 was in your lane of supervisory responsibility?

17 A Yes.

18 Q So charge nurses are the ones in the policy
19 required to handle an abuse situation pertaining to
20 sex, correct?

21 A Right.

22 MS. JOHNSTON: Objection. This is the policy that
23 specifically relates to nonconsensual sexual
24 relationships between patients, not just sex in

1 general.

2 MR. CECALA: Objection noted.

3 BY MR. CECALA:

4 Q Can you read number one and the list of
5 things that need to be done, what the charge nurse, who
6 would have been someone that would have been a
7 subordinate to you, would have to do once this is
8 discovered?

9 A Sure. "Assign a staff person as an advocate
10 to immediately remove the alleged victim from the
11 milieu and take him or her to a safe area, e.g., the
12 nursing station, conference room, staff area" -- or
13 "staff office, et cetera. The choice of location will
14 be determined by the clinical safety needs of the
15 alleged victim and, to the extent possible, by the
16 person's preference;

17 "B. Contact the primary care physician/MOD,"
18 which is medical doctor on duty, "for immediate
19 examination of the alleged victim;

20 "C. Assist the psychiatrist/MOD to evaluate
21 the alleged perpetrator or increase observation and
22 ensure separation from other patients;

23 "D. Contact security to come to the unit to
24 complete their incident reporting process per the

1 Serious Incident Management (SIM) Program Directive
2 02.02.06.040, and, if indicated, ensure the
3 preservation of evidence.;

4 "E. Notify the clinical nurse manager or the
5 administrator on duty based on shift of incident;

6 "F. Notify the alleged victim's guardian, if
7 possible, and any other individuals whom the alleged
8 victim wishes to be notified with a completed
9 Authorization to Disclose/Obtain Information,
10 Illinois 462-0146;"

11 And "G. Initiate/complete required
12 paperwork, including: One, injury report for the
13 alleged victim; two, the comprehensive progress note in
14 the medical record of both the alleged victim and the
15 alleged perpetrators that describe the assessments,
16 consultations, decisions, interventions, patient
17 conditions/responses and actions taken to ensure the
18 safety of the alleged victim and alleged perpetrator or
19 perpetrators; three, the response to allegations of
20 nonconsensual sexual consent" -- or "contact
21 checklist."

22 Q Great. Okay. I'm asking you to stop right
23 there.

24 So this is the policy of what will happen

1 once an allegation is reported of nonconsensual sexual
2 contact among patients that the nursing area is
3 required to do, correct?

4 A Correct.

5 Q Now, there are other areas there. There is
6 an advocate assigned which may or may not be from
7 nursing, correct? That's the next section?

8 A Yes. Correct.

9 Q So -- because it says -- it refers back to
10 the paragraph where the definition is. The advocate is
11 on the page prior. It says, the staff person assigned
12 by the charge nurse. Well, that could be a nursing
13 staff, it could be anybody that -- it doesn't say who,
14 correct?

15 A Correct.

16 Q Okay. So that's the advocate section on page
17 27413.

18 Then it says, "Clinical nurse manager or
19 administrator on duty will notify the medical director,
20 hospital administrator and the director of nursing
21 about the incident, and the AOD," which is the
22 administrator an duty, "will document the incident on
23 the AOD report," correct?

24 A Correct.

1 Q So there's at least some involvement with
2 nursing as to step three, correct?

3 A Yes.

4 Q And then there's requirements for the
5 physician, which may or may not involve delivering
6 information to the charge nurse. It looks like part C
7 in section four says, "Consult with the medical
8 director or designee, the charge nurse and the clinical
9 nurse manager."

10 So there's at least a consultive receiving
11 data from -- from the physicians in section four,
12 correct?

13 A Correct.

14 Q And then section five now goes to the
15 perpetrators, who have been placed on heightened
16 observation, will remain so until -- and it goes on to
17 page 27414 -- until the next administrative morning
18 meeting following the incident, at which time the
19 administrative leadership team will -- and it looks
20 like there's these checklists that start to become part
21 of the routine policy to handle patient-to-patient
22 nonconsensual sex, correct?

23 A Correct.

24 Q Now -- and just going back to Mary's

1 objection, I mean, you said you don't know whether two
2 patients can have consensual sex or not. Is that
3 because there is an instance where someone could be
4 forcing, physically, violently having sex with someone,
5 or perhaps there's two patients that want to have sex,
6 and that is the distinction -- I'm not drawing a legal
7 distinction. I'm just using the ordinary meaning of
8 the word consent. Would that be a distinction between
9 consensual and nonconsensual sex, correct?

10 A Correct.

11 Q And that would only be applied to
12 patient-to-patient sex, correct? Because you said it's
13 never appropriate for a staff person to have sex with a
14 patient, period. It can never be consented to,
15 correct?

16 A Correct.

17 Q And then the Roman numeral IV, it says
18 attachment, Exhibit A, B and C, and they follow this.
19 Do you see that?

20 A Yes.

21 Q Okay. So Attachment A is on page 27415. Do
22 you see that?

23 A Yes.

24 Q And it is a checklist, it appears, called

1 Response to Allegations of Nonconsensual Sexual Contact
2 Checklist, correct?

3 A Correct.

4 Q So there's -- it appears to be that the
5 charge nurse has at least ten things that the charge
6 nurse has to do.

7 A Correct.

8 Q And at least as part of those, like number
9 four under the charge nurse it says, "Initiate
10 paperwork to increase observation level for the
11 perpetrator."

12 So there's paperwork going to be initiated,
13 correct?

14 A Correct.

15 Q And then it says, "Initiate injury report,"
16 correct?

17 A Correct.

18 Q So another written report?

19 A Correct.

20 Q And then underneath that is another nursing
21 lane which says "AOD/CNM," which are both nursing
22 poses, correct?

23 A Correct.

24 Q Number two says, "Document the event in AOD

1 or the morning report," correct?

2 A Correct.

3 Q I just want to ask you quickly. A morning
4 report, would that be the -- like, let's say the
5 incident happens today. Each unit has -- or module has
6 a morning meeting amongst the clinical staff, correct?

7 A Correct.

8 Q And that's the morning report that comes out
9 of those morning meetings where they document these
10 things, correct?

11 A Correct.

12 Q And then it gives the responsibilities of the
13 advocate in the position, which also include writing
14 reports. The advocate is supposed to write progress
15 notes. The physician is supposed to complete an injury
16 report, as well. There's a lot of information out of
17 this checklist, isn't there?

18 A Correct.

19 Q So if we look at Exhibit B, which is on
20 page 27416, do you see that page?

21 A No. Mine went right to C. Let me see if I
22 can pull it up on my phone.

23 Q Okay. Sorry about that.

24 A No, I don't know if it was my printer.

1 MS. JOHNSTON: I'll screen share so we can keep
2 this going.

3 THE WITNESS: What are you going to do, Mary?

4 MS. JOHNSTON: Oh, put it up on my screen for you,
5 Diana.

6 THE WITNESS: Oh, okay.

7 MS. JOHNSTON: Can everybody see it?

8 MR. CECALA: We can.

9 THE WITNESS: Yes.

10 MR. CECALA: Great. I'm sorry that you don't have
11 it.

12 MS. JOHNSTON: It was probably just an error.
13 Let's just move on with the questioning so she can
14 finish up here.

15 BY MR. CECALA:

16 Q So this Exhibit B says, "Helpful Strategies
17 for EMHC Victim Advocate in Cases of Nonconsensual
18 Sexual Contact."

19 A Okay.

20 Q And it's talking about what the advocate's
21 role is, right?

22 A Yes.

23 Q And the third paragraph down starts out,
24 "Consult with your charge nurse," correct?

1 A Yes.

2 Q And again, that's the nursing lane?

3 A Yes.

4 Q And then I'll move to page 27417.

5 A Okay.

6 Q And this is the Exhibit C, Individualized
7 Plan of Care, and at the top it identifies certain
8 problems, which is pertaining to false allegations,
9 right?

10 A Yes.

11 Q Because it's possible that someone dreamed
12 the entire thing up, right?

13 A Yes.

14 Q Okay. But suffice it to say that the
15 allegation alone would trigger this, and then there
16 would be a lot of paperwork, and then documenting here
17 maladaptive behavior through false allegations,
18 psychiatric symptoms resulting in false allegations,
19 and then it says, "As evidenced by three or more
20 previous false allegations within six months."

21 So this is directed at what if someone is
22 falsely reporting this sexual incident, and if they do
23 that three times in six months, there's a plan of care
24 for that, as well, right?

1 A Correct.

2 Q And there's -- obviously there's only one,
3 "Check patient after one hour," is the RN for
4 interventions. That's at the lower half of the page?

5 A Uh-huh.

6 Q Okay. So this is a fairly extensive policy
7 pertaining to nonconsensual sexual contact among
8 patients, and I think the common understanding of
9 nonconsensual is what I'm aware of for needing to do
10 this, because if it was consensual, perhaps this
11 wouldn't apply. Is that your understanding?

12 A Yes.

13 Q But that's not a legal definition of
14 consensual; that's just the situation that would be
15 whether or not there was violence or kind of a rape,
16 correct?

17 A Correct.

18 Q My question is: Are you aware of similar
19 documents and reports that would be generated for an
20 allegation of sexual misconduct between a staff member
21 and a patient?

22 A I'm not aware of any additional paperwork
23 other than the OIG that would be done. They report to
24 the State Police. Of course, the treatment team would

1 meet with the patient, find out where they are at and
2 what their needs -- current needs are, how to adjust
3 their treatment plan to adjust that. Is there trauma
4 related to that? Does that then need to be addressed?
5 You know, so you need to treat the patient, obviously,
6 in a situation like that, as well. But as far as
7 anything else, I don't know. I was trying to remember.

8 The State has an employee conduct code, and
9 they have parts of that in that book, but I don't --
10 quite honestly, I don't remember the correct, you know,
11 verbiage any more.

12 Q Right. And thank you for that.

13 My question is: Are you aware of a similar
14 policy for generating the reports that are voluminous
15 reports that are required when an allegation of sexual
16 misconduct is made between a staff person and a
17 patient?

18 A No, I am not aware of anything.

19 Q And it would seem as a clinician that this 16
20 pages is directed at assuring policy and training are
21 implemented for this patient-to-patient situation to
22 take care of both the patients, correct?

23 A Yes.

24 Q Even though one is a victim and one may be

1 viewed as a perpetrator, right?

2 A Correct.

3 Q Wouldn't an identical situation as a
4 clinician occur for a patient who may have an
5 allegation of sexual misconduct with a staff member?

6 A Can you repeat the question, please? I'm
7 sorry.

8 Q I can say it another way.

9 Wouldn't you be equally concerned clinically
10 with the patient if there was an allegation of sexual
11 conduct between a patient and a staff member?

12 A Yes.

13 Q And you mentioned reporting to OIG as part of
14 a -- it's -- it's the law. You have to report it
15 within four hours, right? I'm not even sure a policy
16 is needed. Everyone is aware of that. You are,
17 correct?

18 A Correct.

19 Q Is there anything more, both by way of
20 documents or clinical treatment, that needs to be done
21 if the patient and a staff member, if there's an
22 allegation of that sexual misconduct, wouldn't there --
23 is there more that would need to be done than paperwork
24 and reports and checklists on behalf of the patient if

1 that happened?

2 (Frozen Zoom connection.)

3 (Record read as requested.)

4 BY THE WITNESS:

5 A Although I don't think there's a specific
6 policy to cover that, any clinician knows that any time
7 any of our patients has a traumatic event on the unit,
8 a fight, a whatever, we follow up with the patient to
9 find out how they are. Do they need an injury report?
10 Do we need to review their treatment plan? Do we need
11 to put them on special precautions? Do they need to be
12 on 15-minute checks? That's just clinical -- good
13 clinical sense, and that's a good clinical practice,
14 but that's what we're here for.

15 BY MR. CECALA:

16 Q My question -- and maybe I didn't make this
17 clear.

18 Clearly, if someone has a black eye or has
19 been physically abused or raped, you're going to see
20 the injuries, correct?

21 A Correct.

22 Q That's not really what this policy was
23 addressing, though. It's talking about allegations,
24 correct?

1 A And a trauma response.

2 Q Well, it actually talks about in an entire
3 exhibit about false reports, too, correct?

4 A Correct.

5 Q So you might not actually see the evidence of
6 two people that just had sex; there's just merely the
7 report of the allegation that they did, for which
8 there's concern for the patient's clinical care, right?

9 A Correct.

10 Q So my question is: Wouldn't there be an
11 equal response pertaining to an allegation of sexual
12 misconduct between a patient and a staff that would
13 generate a whole bunch of paperwork about those
14 allegations to make sure that the clinical treatment to
15 the patient is being correctly delivered?

16 A Yes, I would think so.

17 Q Are you aware -- so you were director of
18 nursing in July of 2017, correct?

19 A Yes.

20 Q Are you aware of or did you receive any
21 written reports about the sexual abuse that was
22 reported on an audio tape between Christy Lenhardt and
23 Ben Hurt?

24 A No, I did not.

1 Q After this all transpired and the news media
2 got the story and everyone seems to have known either
3 from the internet or news stories that Christy and Ben
4 were having sex, were you aware of -- you said you
5 talked earlier with Drew Beck, but were you aware of
6 any administrative response to correcting or getting
7 policy and training delivered to the staff to ensure
8 that this didn't ever happen again?

9 A No, aside from the -- like you mentioned, the
10 training from Drew Beck on boundaries.

11 Q Good. So you talked to Drew Beck about that
12 training, right?

13 A Not the specifics of the training. I talked
14 to him about how to schedule it with the nursing unit,
15 because he had so many people to train and how did we
16 logistically do that.

17 Q Right. So is it an understanding --
18 I completely understand that you were not part of the
19 development of the materials. I think you testified to
20 that earlier.

21 So you were having conversations with Drew
22 Beck about what he was going to do, scheduling to
23 deliver training about boundary issues to the entire
24 Elgin team after -- long after the Christy incident

1 news broke, correct?

2 A Correct.

3 Q Do you recall a conversation where you and
4 Linda Nidelkoff and Drew Beck were in the same
5 conversation about, you know, the need for the training
6 and the scheduling of the training or something of that
7 substance?

8 A No, I don't, because the training -- Drew was
9 doing it on the units that didn't require Linda
10 Nidelkoff's participation.

11 Q So Ann Boisclair and Linda Nidelkoff weren't
12 involved in helping develop the quality of the
13 training?

14 A That I don't know. I don't know.

15 Q Did anyone ever ask you to recuse yourself or
16 remove yourself as part of the process of developing
17 the training about Christy so you wouldn't be put in a
18 position where the training -- you were involved in
19 training after the fact, after you were sued?

20 A No.

21 Q So that never happened?

22 A No.

23 Q Hang on one second.

24 Okay. So are you aware of whether Drew

1 delivered the training that was scheduled to the
2 nursing staff and the rest of the folks at Elgin?

3 A To my knowledge, yes, he did.

4 Q And we talked about this before. There's a
5 lot of very well-intentioned, highly educated
6 behavioral expert people that work at Elgin, including
7 yourself, right?

8 A Correct.

9 Q And the vigilance and the training and the
10 policies that are in place are intended to prevent the
11 very things that happened between Christy Lenhardt and
12 Ben, right?

13 A Correct.

14 Q And this would have been only something that
15 Drew developed to enhance the possibility that this
16 would never happen again, right?

17 A Yes, and to -- when you work with a patient
18 for -- some of our patients are there for a long time,
19 and you're kind of complacent. This is -- a part of
20 his training was to remind them that you can't get
21 complacent with stuff. We have to stay vigilant all of
22 the time.

23 Q Exactly. In other words, what ordinarily
24 through complacency one might -- if you're not -- if

1 you're new or if you're, you know, not a regular part
2 of the routine observing what's happening, you might be
3 a bit more on high alert, so you add training, you make
4 people more aware to accomplish raising the level of
5 awareness, right?

6 A Correct.

7 Q And, you know, perhaps maybe this is a fair
8 characterization that it gets routine, so everybody
9 starts to turn a bit of a blind eye to something that
10 could be wrong and not report it out of the reason of
11 complacency, correct?

12 A No.

13 MS. KOZAR: Object to form.

14 BY MR. CECALA:

15 Q Did you say no?

16 A I said no.

17 Q I'm not sure I understand.

18 A You know what? They get complacent about
19 different things. You may think, oh, I don't think
20 this patient is dangerous. I don't think -- you know
21 what? I'll tell them what I did last night and what
22 I had for dinner, that kind of complacency. The kind
23 of complacency in which a staff is having sex with a
24 patient would never happen. If that happens, they will

1 report that, and they will do what they need to do.

2 Q Right. Okay.

3 MR. KRETCHMAR: Diana, I mean, there are people
4 who specialize in sexual trauma at Elgin, correct?

5 THE WITNESS: I am not sure, actually, Randy. I
6 don't know. I know we have people that specialize in
7 drug therapy, but I don't know about sexual stuff.
8 Honestly, I don't.

9 MR. KRETCHMAR: There are people who have some
10 expertise in sexual trauma?

11 THE WITNESS: I don't know.

12 MR. KRETCHMAR: Okay. Or any training?

13 THE WITNESS: I don't know. Those people would be
14 social workers and psychologists, and I don't know what
15 their qualifications are. If it was one of my nurses
16 or my nursing staff, I would certainly know, but I
17 don't know the other disciplines' specificities.
18 I really don't.

19 MR. KRETCHMAR: Do you know if sexual abuse or
20 trauma can be a significant issue for mentally ill
21 people?

22 THE WITNESS: Yes, it can.

23 MS. KOZAR: Objection. Form.

24 MR. KRETCHMAR: It can be, right?

1 THE WITNESS: Yes.

2 MR. KRETCHMAR: Yes. Okay. What kind of problems
3 can that cause?

4 MS. KOZAR: Object to form.

5 MS. JOHNSTON: Form.

6 MS. KOZAR: Speculation.

7 MR. CECALA: Hold on one second.

8 MR. KRETCHMAR: Diana, let me ask you this. You
9 reacted earlier in this deposition with apparent shock
10 that Ben Hurt had attempted suicide three times within
11 six months after he was released from Elgin.

12 Don't you think someone should have taken
13 some interest in helping him once it was known or
14 suspected that Christy Lenhardt, his social worker at a
15 state institution where he was involuntarily committed,
16 was having sex with him several times a week?

17 MS. KOZAR: Object to form, foundation.

18 MS. JOHNSTON: Join.

19 MS. KOZAR: Assumes facts not in this evidence.

20 MR. KRETCHMAR: Don't you think that would have
21 been a critical clinical situation?

22 MS. KOZAR: Same objection.

23 MR. KRETCHMAR: You can answer. Do you have any
24 opinion on that?

1 THE WITNESS: I would -- see, I just don't know.
2 Of course, somebody should have taken a look at Ben and
3 what is his -- what was his response to all of this,
4 and perhaps his treatment plan needs to be updated, and
5 we need to look at different therapies. Was that done?
6 I have no idea. I've never seen his chart, so I don't
7 know what was done or what could have done
8 differently -- been done differently. I don't know.

9 MR. KRETCHMAR: You were a highly commended or
10 highly admired administrator in this hospital, right?

11 THE WITNESS: Yes.

12 MR. KRETCHMAR: But you have no idea whether that
13 occurred?

14 THE WITNESS: No, I don't.

15 BY MR. CECALA:

16 Q Okay. Just one -- one, maybe two, but
17 certainly one last question.

18 You said earlier -- and I don't want to
19 mischaracterize your testimony -- that never would it
20 be the case that the complacency would go so far down
21 as to not report sexual relations between a staff and a
22 patient, right?

23 A Right.

24 Q So how do you think this happened for two and

1 a half years?

2 MS. KOZAR: Object to form, foundation. Calls for
3 speculation.

4 MR. CECALA: Would you like me to build the
5 foundation, Amanda, or can she answer?

6 MS. JOHNSTON: She never instructed her not to
7 answer.

8 MR. CECALA: I understand. I'm only asking
9 because we're trying to save time, and I could --

10 MS. JOHNSTON: Go ahead and answer the question,
11 Diana.

12 BY MR. CECALA:

13 Q How do you think it happened?

14 A When you have worked at a facility for
15 however long -- many years Christy was there, I would
16 think that if there was a will, there was a way. So if
17 you knew where to have the sex and when to have the sex
18 in between face checks and how to sneakily do this,
19 I would think that it would be possible if you were
20 that devious and you were that -- that -- you know, so
21 desperate to get this done, I think that there --
22 there -- you know -- you can -- in the offices there
23 are hiding places. There are checks every half an
24 hour. You could certainly, you know, plan it on how to

1 do it. You really could. Is it right? Absolutely
2 not.

3 MR. CECALA: One second, and then we can wrap up.

4 We have no further questions.

5 MS. JOHNSTON: Diana, I just have three questions
6 for you, and then we'll get you out of here.

7 THE WITNESS: I want to do a clarification, Mary,
8 once you're done on one of the questions.

9 MS. JOHNSTON: Go ahead and do that.

10 THE WITNESS: Okay. It was the question that
11 Randy reacted to me not -- not doing, I think, what --
12 in reviewing the treatment plan and making sure that
13 that was done.

14 Let me say that, of course, my patient care
15 has always been my most important thing in my entire
16 career. I didn't follow up on it because treatment
17 like that, therapies, different groups, different
18 things don't involve my nursing staff or me. That is
19 through psychology. That is through social work.
20 I assumed that my administrators, the ethical people
21 that I work with, those supervisors followed up on that
22 and made sure that Ben got the care and the follow-up
23 that he needed.

24 MS. JOHNSTON: Thank you, Diane.

1 MR. CECALA: Can I just ask in light of her
2 expanding?

3 MS. JOHNSTON: Yes.

4 DIRECT EXAMINATION

5 BY MR. CECALA:

6 Q So, on June 30th, the security swept Ben's
7 room, found an audio recording of him having sex with
8 Christy, found a journal where he wrote down that
9 Christy helped [REDACTED] [REDACTED] escape and was having a
10 sexual affair with him, and had an audio recording of
11 Christy admitting that she had a sexual affair with
12 [REDACTED] [REDACTED] as well.

13 And the very next day, which is July 1st,
14 after the incident broke, wouldn't it have then been in
15 much the same policy way it is when there's
16 patient-to-patient nonconsensual sex, wouldn't it have
17 been the responsibility of all of the staff members in
18 the other policy to do something similar, if not
19 identical, to clinically care for the patient on
20 July 1st, the day afterwards?

21 MS. KOZAR: Object to form.

22 BY THE WITNESS:

23 A I think that the care of Ben should have
24 reflected very similar to that, yes.

1 BY MR. CECALA:

2 Q Okay. That's all I'm looking for is what
3 should have been done.

4 A Yeah. Yes.

5 MR. CECALA: Okay. Thanks.

6 MS. JOHNSTON: Okay. So I just have three
7 questions for you.

8 CROSS-EXAMINATION

9 BY MS. JOHNSTON:

10 Q Earlier you testified that the general kind
11 of chain of command for the nursing staff at Elgin was
12 very linear. So it would start with -- and if I get
13 something out of order, please correct me, but starting
14 with the director of nursing, then associate director,
15 then going down through all of the STAs and the kind of
16 more general office staff; is that correct?

17 A Correct.

18 Q So does that mean that when you were working
19 on the administrative side either as the director of
20 nursing or the associate director, all of the
21 approximately 250 people that fell under the umbrella
22 of nursing did not report directly to you on every
23 topic, correct?

24 A Correct. Correct. They reported to their

1 supervisors. If their supervisors had needed guidance
2 or assistance, they brought it to me, but there were
3 many things that weren't brought to me. I can't -- I
4 can't do all of -- you know, the whole facility.
5 That's too much.

6 Q Okay. And then going back to the incident
7 with Christy being locked in Bob Hamlin's office with
8 Ben Hurt, if you remember we talked about that earlier?

9 A Yes.

10 Q So based on the email that you saw and
11 anything that you were told about that day when they
12 were locked in the office, did you believe at any point
13 in time that Ben Hurt was in -- that he was being
14 abused in that office?

15 A No, I did not.

16 Q Did you believe that he was in danger in any
17 way?

18 A No, I did not. I mean, except for the fact,
19 you know, both of them were in the locked office for
20 several hours, that couldn't have been comfortable, but
21 as far as in any kind of grave danger, no.

22 Q If you had believed that Ben Hurt had been
23 being abused, would you have done more to look into
24 that?

1 A Absolutely. I would have reported it
2 immediately without question.

3 MS. JOHNSTON: Okay. And I think that's all
4 I have.

5 Anything else, Randy or Joe?

6 MR. KRETCHMAR: No.

7 MR. CECALA: We're ordering.

8 MS. JOHNSTON: We're ordering, as well.

9 Diana, I'll get you out of here in one
10 second.

11 So the court reporter, Lisa, has been taking
12 everything down this whole time. You can either
13 reserve signature, which means that I'll end up sending
14 you a copy of the transcript after she has prepared it
15 but before it's finalized where you would be able to
16 read things. You can't make substantive changes to
17 your answers or say, hey, you know, that's not what
18 I meant. You would just be able to make fixes if it
19 was, you know, something spelled differently or, you
20 know, the acronym actually means this thing, or you can
21 trust that Lisa has taken everything down accurately
22 and waive signature, and that means that you don't have
23 to worry about reviewing it later. It's your decision.

24 THE WITNESS: I would like to review it, please.

1 MS. JOHNSTON: Okay. We'll reserve signature.
2 Otherwise, I think we're all set then.

3 AND FURTHER DEPONENT SAITH NOT
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IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

BENAH DAM HURT,)
)
Plaintiff,)
)
-vs-) No. 17-cv-7909
)
HASINA JAVED, FAIZA KAREEMI,)
COLLEEN DELANEY, DIANA HOGAN and)
DREW BECK,)
Defendants.)
_____)
MARK OWENS,)
Plaintiff,)
-vs-) No. 18-cv-0334
)
HASINA JAVED,)
Defendant.)

I hereby certify that I have read the
foregoing transcript of my deposition given at the time
and place aforesaid, consisting of pages 1 to 130,
inclusive, and I do again subscribe and make oath that
the same is a true, correct, and complete transcript of
my deposition so given as aforesaid and includes
changes, if any, so made by me.

DIANA HOGAN

SUBSCRIBED AND SWORN TO
before me this ____ day
of _____, A.D. 2022.

Notary Public

LISA A. KOTRBA & ASSOCIATES, LTD. (312) 855-1834

1 I, LISA A. KOTRBA, a Certified Shorthand
2 Reporter within and for the State of Illinois, do
hereby certify:

3 That previous to the commencement of the
4 examination of the witness, the witness was duly sworn
to testify the whole truth concerning the matters
5 herein;

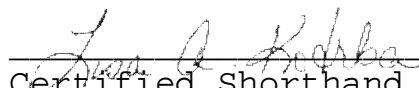
6 That the foregoing deposition was reported
7 stenographically by me, was thereafter reduced to a
printed transcript by me, and constitutes a true record
of the testimony given and the proceedings had;

8 That the said deposition was taken before me
9 at the time and place specified;

10 That the reading and signing by the witness
11 of the deposition transcript was agreed upon as stated
herein;

12 That I am not a relative or employee or
13 attorney or counsel, nor a relative or employee of such
attorney or counsel for any of the parties hereto, nor
14 interested directly or indirectly in the outcome of
this action.

15 IN WITNESS WHEREOF, I do hereunto set my hand
at Chicago, Illinois, this 23rd day of June, 2022.

16
17
18 
19 Certified Shorthand Reporter
State of Illinois



20
21 CSR License No. 084-002777.
22
23
24

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